

1D12 Kelly Johnson 1920-1996

1D12-15

Mid. 7/19/6
or 1917?

PROLOGUE

The feeling that actuates your reception is one of the most precious possessions of my life.

There are many phases of my association with the Rter Brigham about which I could speak. I might speak to the subjects:

1. "Principles of Hospital Administration Learned from that great Hospital Administrator - Doctor Howard."
2. "How a Solid Foundation for a Leading Training School was layed by Miss Hall."
3. "Elements and Attributes which we try to Weave into the Warp and Woof of this School and the Evidences of our Success."
4. "The Lessons of Life, which, we, of the vari ous Staffs Learn from one Another."

But other persons can speak to these subjects better than I, and I shall confine myself to the relative unimportant, but interesting, incidents that occurred during our first preliminary period from November 5, 1912 to March 1, 1913.

EARLY DAYS AT THE PETER BRIGHAM

1. Memory. Acres of undeveloped land. A dump. Fall of 1907 when attending Simmons College.
 2. Heard that Doctor Howard was leaving to build the Peter Bent Brigham Hospital. Told that it was to be built on this same dump.
 3. That Miss Dolliver was leaving, and that she was going to be superintendent of nurses here.
 4. The head of the House Social Service offers me a page from her Sunday paper on which there is an article about this New Peter Brigham. Impressed by the heated floors and the fact that there was a record in the superintendent of nurses' office showing the length of time which had elapsed between the ringing of a patient's signal and the nurse answering that signal.
- This was between the years 1907 and 1910, - my years in training. Doctor Howard did leave. Rumor was that he was to build this hospital.
- Miss Parsons tells me about it, - that if I am ever asked to take a position there to do it.

Nothing special happened until the summer of 1912. Vacation in Winsted. Letter forwarded asking me to consider the position of teaching practical nursing. Returned to Boston. Accepted the position for October 1st. Returned to New Bedford to make arrangements for severing connections there. September and October waited. First Fall ever out of captivity. Get restless at the end of October.

Received word to report November 5, 1912. Wilson's second election. Notified Miss Hall that I would arrive at nine. Later discovered time table misread and I actually would arrive at six. Not a good first impression, so walked the streets reading election returnsbulletins. Especially interested because brother up for Senator. He being a Republican, assured me that election for him would be dubious if Wilson won. Consequently, personal interest in the election. Took cab at the South Station at eight-thirty, allowing one-half hour, that I might report on scheduled time. Told driver to take me to Peter Bent Brigham Hospital. Had never heard of it, so I gave him 697 Huntington Avenue, the number of the old building, in which was the business offices during the construction period.

Arrived at nine o'clock. Building dark. Van Dyke Street impossible. Attempted telephoning from the Huntington Hospital. Only phone was in this office building, consequently no results. Started for Doctor Howard's house, thinking I could head off Miss Hall to save her going to 697 Building. The cab man stopped at various red lanterns and asked various men how to reach Doctor Howard's house. Could get about so far. I rang the bell at the Good Samaritan and at an apartment house on Longwood Avenue, at the Children's Hospital, and was finally directed to

the Psychopathic Hospital. From there I again telephoned 697 and Miss Hall was there, also I think Miss Watson. Cab man and I returned to the St. Francis Street gate, and he refused to drive in through. Would now be the space behind Doctor Howard's house. Miss Hall and the trunk are carried back to 697 by the taxi cab driver. I paid the taxi cab man three dollars, which was then a very large fee and told him that I hoped his man would get elected.

The next day, Wednesday, November 6, went to Harvard clinic to look over that place as a teaching ground. Looked pretty hopeless, but that was no time to begin being discouraged. Miss Watson and I makes out program as to what we ~~have~~ do with the six probationers that are to arrive the next day.

November 7. Thursday. In the morning made out list of the equipment we would need for teaching, and in the afternoon the probationers arrived. Miss Watson, being a few minutes my senior by birth, professional training and arrival on this new job, she was to receive and settle the first probationer and I the second, and so on through the list. Many remarks as to what the next one would probably be like, and as to whether or not mine were the better

November 8. Friday. I have the good fortune to be the one to teach the first lesson in nursing in this training school.. The place was the billard room of Doctor Howard's house, which was the dormitory for the new school. The lesson was the stripping of beds, and the sweeping and dusting of that room. In an adjoining room, - the maid's room, - was the first bedside instruction. I can remember distinctly the teaching of enema. The gravity pull was a hat tree. Mary Chase was a pillow, and one basin inverted over the other was the cavity into which the fluid ran.

For the benefit of those of you who have had such first positions, this next note in my diary my interest you: Sunday, to Massachusetts General Hospital for inspiration to look over the supplies in their class room and the treatments taught by Miss McCrae. I have come back over-whelmed.

November 14. Team of canned beans get stuck in the mud.

November 19. Miss Hall brings in an old back yard cat in her arms, thinking that it is Doctor's Howard's house cat.

November 24. Spent more of the evening scraping tar off our shoes and the floor.

November 26. Miss Watson upset a bottle of ink on the hardwood stairs. Helped her clean it up.

- December 10. Tainted chicken in the salad. Everybody in bed. Busy night. Finnegan and Murphy layed absolutely low.
- January 10. Doctor Howard still lunches with us. We get our walks cleaned because we have not complained about it. We hear that the Carnegie Laboratory writes Doctor Howard about a nurse falling down on the icy sidewalk. The Laboratory is interested for themselves.
- January 17. Broke Miss Watson's thermometer. Been using it for teaching.
- January 22. Miss Finnegan drops on the floor. The beginning of the end of the first probationers, to leave us.
- January 24. Worked over on the ward.
- January 25. All hands worked at sweeping Ward A and washing the dishes. (Bedpans and tea cups went through the same water.)
- January 27. Beds made over in the ward. First patient, Mary A. Turner, arrives. Varicose veins.
- January 28. Doctor Burlingham comes down for me to go up to the telephone. Been here about ten weeks, and no telephone.
First operation in the large room in the center of A - Main. Excision of Varicose Veins. Doctor Cushing and Doctor Cheever.
- February 3. Wore my uniform for the first time. Took Miss Moulton to the ward for first practice.
- February 8. Miss Gross came.
- February 14. Doctor Cushing sent Miss Packard for a note thinking she was a stenographer.
- February 26. Lights went off in the house. We ate dinner by the light of a lantern, and a candle or two. We travelled up and down the length of the building with lanterns.
- March 1. The first class of five probationers are on duty.
- March 12. Miss Hall and Miss Carter sleep in the nurses home.
- March 14. Doctor Howard and his family move in to their house between nine and ten P. M.
- March 22. Ate in the nurses dining room tonight.
- March 31. First bed bug in the Peter Bent Brigham Hospital.

EPILOGUE

But I cannot close without reviewing a few hospital and training school truths that had either their inception or their crystallization during the four years that I worked in this school. I do not mention them in their order of importance, for circumstances and experience influenced our opinions of the relative value of their importance:

1. Doctor Howard taught me this: Given a person who commits no large offense but allows one small thing to be wrong today and another small thing wrong tomorrow, and a third thing the day after. Keep an accurate list of these small annoyances, - perhaps to the sum of ten. If possible don't tell him about any of these. (no nagging.) Be sure, if possible, that each of the ten items is correct. Present the list of ten small annoyances to the person. Perhaps he can explain away three of them, but seven are left. In substance say to him: "No one of these things is very vital, but the sum total shows a condition which is vitally wrong. You probably would not believe that any such list could be compiled. Now that the conditions have been brought to your attention, make it your business to remedy the condition."
("breakfast inside of him.")
2. Give every accused person full opportunity to explain. When a complaint is made say you are sorry that this thing has occurred, and that you will try to right the situation, but do not denounce the accused until there has been an investigation.
3. Allow no exaggeration. When one of your co-workers is reporting a situation to you, demand the facts. If there is an opinion to be presented have the opinion presented separately from the facts.

LIBRARY

4. It is the rare student nurse who will fail to discharge a responsibility if she knows that that responsibility has been placed on her, and if she knows that others know that the responsibility has been placed on her. Therefore, place responsibility. Leave no doubt as to who is to do a job.
5. Never hesitate to have the courage to put into practice the principle which you know to be right. You may wonder how a desired result can ever be accomplished, but make a beginning. Something will come to help you through. Never tolerate a situation which you know to be wrong, at least never take the responsibility for it. (Gloves, salt solution at Albany.)

In closing I wish to say that none of us of that original staff was especially gifted. We made no claim of being intellectual, brilliant, or possessing the qualities of a genius, but we all had a capacity for work and a sense of true values in work and in life. Guided by Miss Hall, we worked together in perfect harmony to lay a foundation for which we offer no apology.

You have every reason to be proud of the place this school holds among its kind. These standards have been given to you as a precious gift from the founders and maintained by the present administrators of the hospital and the school. This standing is by no means your right of possession. It is your right only in so far as you have made yourself worthy of the school by doing, as individuals, honest and creditable work. It is your responsibility, as alumnae, to preserve the standing of this school. I beg of you, to uphold always those principles which have been here demonstrated to you,

not only by precept, but what is more important, demonstrated by example.

all right to success, but what is more important, to be successful in

success.

To S.M.J.

A chant and a wait we utter today,
As you are about to go away:

A chant of success and Godspeed as you go,
A wait for ourselves who suffer so.

We'll miss the one who always cheers,
A friend whom we have known for years;
And now we stand with sad head hung
And wring our hands as they neer were wrung

The winter solstice is now at hand
Telling of storm and ice in the land.

For us 'tis a season doubly drear,

^{missing} ~~but to have~~ your genial presence near.

Oh, if compassion play a part,
In the higness of your heart;

(And we consider that a fact)

Then a promise we will extract.

Written by
Dr. Owen
Ant. at P.B.B. &
J

To make to the Brigham each year a visit
And take good care that you do not miss it.
For be it even in wind and storm
We'll ever be ready with a welcome warm

Dec 20th 1916

WALTER D. GUNTER
JAN 11 1915

50th Anniversary

By S. J. [unclear]

1913

Mass. Civil Hospital Training School for Nurses

1

Mary L. Keith - class 1885

Her contribution to the August

In these days when mother countries have colonies in New Zealand, in Africa, in the mid-Atlantic and Pacific and our own United States ^{are} ^{is} acquiring insular possessions, it seems perfectly good form, if not a national duty, that a mother hospital should follow the lead and do a little colonizing along her own line.

Rochester is one of the many spots on the map where the Massachusetts General Hospital has colonized and planted nursing seeds. With apologies for any unintentional omissions, I state that the earliest M.G.H. graduate in Rochester, of whom I have record, was:-

Lucy J. Webster - Class 1881 who was for many years an office nurse.

Par Eva Allerton - Class 1885 went to Rochester in 1890, took charge of the Homeopathic Hospital, then an infant organization.

and well For 14 years she had charge of both the hospital and the school which still bear the stamp of her character. She was also

active in nursing legislation ⁱⁿ and it was largely due to her efforts that the ¹⁹⁰³ Nursing Act of 1903 became law. Other M.G.H.

nurses who have been affiliated with the Homeopathic Hospital are:-

Frances B. Ladd	1911
Helen T. Niverson	1913
Helen M. Redfield	1919

Lelia H. Ashley ^{of} 1911 is doing nutrition work in the public schools.

The largest number of M.G.H. graduates in Rochester have been with the General Hospital School of Nursing which was founded in 1881; one of Sister Helen's graduates being the first superintendent of nurses. Following her and with brief interregnums M.G.H. graduates have held that position for 36 years.

The following graduates

Supt. of Nurses

	Class	Held office
Susan M. Lawrence	1883	3 years
Helen M. Garnwell	1890	4 years
Esther Dart	1891	1 year
Sophia F. Palmer	1878	5 years
Mary L. Keith	1888	12 years
Eunice A. Smith	1902	11 years

Miss Palmer held the dual positions of superintendent of the hospital and ^{and} of nurses and the last year of her stay was Editor of the American Journal of Nursing, the Journal Office being in ⁱⁿ a trunk. She was active in state and national organizations, organized the General Hospital Alumnae, the Monroe County Nurses Association and served on the state legislative committee with Miss Allerton.

Miss Keith has been superintendent of the hospital for the past 22 years, the first 12 years of which she was also superintendent of nurses.

Miss Smith, the principal of the school of nursing since 1913, was assistant for the 5 years preceding. Others who have held assistant and executive positions are: *in the first hospital care*

Assistant to the Superintendent-

Annie H. Smith	Class of 1895	7 years
Gertrude DeLaney	Class of 1910	3 years

Executive positions in School-

Marion McDonald	Class of 1895
Eliza Gray	Class of 1900
Ida C. Barnard	Class of 1900
Margaret Scary	Class of 1915
Olive Leussler	Class of 1915
Martha E. Miller	Class of 1923

What have they done for Rochester?

I have already spoken of Miss Allerton and Miss Palmer and it is they who have made the largest contribution. Others have helped organize and teach. Don't get the idea our own graduates did nothing, Far from it. They have contributed largely. But

inasmuch as our school never has been connected with a teaching hospital, our students never have lived in an atmosphere so permeated with teaching that they unconsciously inhale and exhale it with the air they breathe. The teaching spirit has been brought to us by those who were inoculated in the mother school.

Rochester has also drawn from the Boston City Hospital. The influence of Miss Drown accompanied by that of Miss Maxwell lives with us today. One instructor at the present time, Miss Watson, traces her educational ancestry through Miss Riddle to Miss Drown; another, Miss Paulding, traces hers from Miss Hall, through Miss Dolliver to Miss Maxwell.

Three Rochester schools unite for instruction and hold community graduations. The principals of these three schools are educational descendants of Miss Maxwell. The line of Homeopathic ^(family) descent is- Miss Maxwell to Miss Allerton to Miss Heel.

The line of Highland ^(family) " - Miss Maxwell to Miss Douglass

The line of General ^(family) " - Miss Maxwell to Miss Dolliver to Miss Smith.

(Here followed a description of the Rochester schools, their entering classes, their going-up days, their student government, their social director, their educational and cultural opportunities and the distribution of the graduates among the various branches of nurse activity.)

No one need talk to me about the younger generation's ability to carry on. Outside of nursing activities I see them write, stage and produce a playlet. With a limited money appropriation they do wonders. If too limited they double it in a few hours by some business enterprise. In demonstrations they are by turn both subject and demonstrator. They floor marshal a processional,

conduct a chorus. On our last going-up day they burlesqued a nursing institute, they having been the class taught, to demonstrate teaching methods. (I recognized myself as the elderly party in the rear who occasionally said, "Louder, please.")

These young people's resources far exceed those of my generation. In what direction they will use them I do not know. Our viewpoint may not be theirs but the latent power is theirs. M.G.H. seed has taken root in Rochester soil.

One day early in November two student nurses were walking along a corridor in a nearby hospital. Both students wore grey uniforms: one was plain grey and with it was worn a linen cap of unusually pleasing lines; the other wore the grey of a small black and white check and with it was worn a rather amusing little cap of crinoline. The student in plain grey said to the other "Our graduation is November 23rd." To which the student in checks replied "Graduations are rather thrilling, but don't you get bored with the same old graduation advice?"

"Yes. Do you know who is giving our address this year?"

"No".

"Miss Johnson, your superintendent of nurses".

Said the young lady in checks - "Well, she can make herself heard and that is something, but let me tell you, 'advice' is that woman's middle name."

Had the conversation ended there, it probably would not have been repeated here. But they talked on.

"My! but wouldn't it be fun if some of us of the graduation class could give advice to the people of the audience. There is a lot about nursing they should know. People on the outside really don't know much about it".

The majority of the men and women who speak at graduation exercises review the history of nursing, preview the contribution which nurses in the practice of their profession contribute to the world, and congratulate the young women upon the accomplishment of this first course.

I wish that nurses had a fuller realization of the contribution which they can make to the community from a civic and social standpoint, and I wish that lay persons also had a greater realization of this potential force within their citizenship. Nurses have knowledge and experience which should make them persons whose influence would go far in bringing about better laws and a more intelligent use of the public and private health and welfare agencies.

But the person who is familiar with the social and civic need of the community and also with the qualifications of the nurse is hard to find. Certainly I am not that person, and so I must speak to you as a nurse. Having come over the same road as the

young women who are graduating tonight have started to travel, perhaps I can act as their mouthpiece. Perhaps I can make a fairly accurate guess as to what that student nurse would like to say to you. I realize that what I say will be influenced by my years of experience. That, I am sure, will be of no disadvantage.

First we wish to speak to you who as parents or guardians guide young women relative to the choice of a vocation. We urge you not to delay too long the matter of acquiring information relative to possible vocations for your daughter. By the time she has completed her second year in high school it is none too soon to find out the entrance requirements of the vocational or professional schools, personal qualifications as well as educational qualifications. Inform yourself about the curriculum content and the probably opportunities after graduation. Principals of the best schools are the most satisfactory source of this information. While the high schools or vocational guidance bureaus may have general information about these special schools they find it difficult to keep this information up to date. It is relatively easy to adjust the high school course to include the subjects required. It is much less easy, and far more important, that some impartial person determine whether or not your daughter has the personal qualifications for the profession considered.

If these young women of this graduating class are honest with themselves I am sure they would say "Oh, why did you allow me to come into a school of nursing so young? To be sure I was nineteen, which is a year older than the majority of students enter schools of nursing, but even that was too young. I missed a period of the freedom of youth to which all young people have a right. I was too immature for the responsibility that I had to carry. My social judgment was in the making. My growth into a degree of maturity has been a forced growth, and now I am graduating feeling a bit cheated out of some of the joys which are youths heritage. I really do not feel ready to cope with the problems which I must meet; With the problems of illness, yes, but not so well qualified to meet the problems of life. Oh, yes, I know I wanted to come as soon as I was through high school and you thought I might as well begin. But don't let my sister start so young. I know".

And I, too know. Right here I would say that I also know that much which I say tonight may not be applicable because of the economic situation of today. But that situation will pass; similar ones have.

We urge you as parents to make every effort to postpone your daughter's entrance into a school of nursing until at least one year, two are better, after high school graduation. The best way to use that interim of time is in the attendance of an educational institution. The next best is in some job where there is at least a degree of responsibility. The money return is not important. If further formal education or a job is not possible, it is possible for your daughter to learn to administer the household. Allow her to do the more important tasks and see that she does them well. Certainly you yourself will welcome a partial vacation from full household responsibility. A young woman who has acquired the knowledge and skills necessary to administer acceptable the affairs of a home has a very valuable foundation stone for her work in a school of nursing or in life. There is need of a brief period of living as an adult before a young woman can develop into a person upon whom patients can lean.

Of course when your daughter first made the announcement that she wished to study nursing, you probably told her that you hoped she knew what it all meant. Perhaps you told her that you were sorry she had not chosen something less demanding of time and strength. She insisted. You talked it over within the family group. Daughter stood firm. You consented, reluctantly. The day then came when neighbors and relatives were told that daughter planned to enter a school of nursing. What an avalanche of admonition descended upon you.

"How can you allow her to do it? You will hardly see her for three years. She will have to do such horrid things. She will be tied down to her work so that she will be old before her time. She will have absolutely no social life. And wasn't she valedictorian of her class? Well, I will say it is a pity to waste a good smart girl like her on nursing. And you know a nurse's status in the world is rather uncertain."

Now there is a measure of truth in these remarks. But the tragedy of it is that almost no one sees the underlying reasons for the situation. Briefly stated the situation is the result of the system under which young women are prepared for nursing. They are

prepared in hospitals that have a school, not for the primary purpose of education, but for the primary purpose of securing student nurses who will provide the major part of the nursing care of the patients within that hospital. After the preliminary course of from four to six months practically all of the class room instruction is superimposed upon a working week of fifty-two hours.

And I wish to say at once, and say emphatically, that the hospitals should not be censured for their system of nursing education and nursing service. Their money is not paid to them by patients or given to them as endowments for the purpose of nursing education, but for the purpose of nursing service. They must make that money go as far as possible. Any one who knows the amount of free care given by hospitals and the amount of care given for which only the smallest fraction of the cost is ever paid, wonders how hospitals have been able to keep their doors open. Because so many people pay nothing or pay only in part is one reason why hospitals must depend so largely upon student nurses to provide the nursing care of patients. Until very recently there has been no other means by which young women could prepare for nursing and as this method of preparation has cost little in money there has been a fairly constant supply of recruits.

But a new day is dawning in nursing education. Those within the profession have long known that the present method is not sound. Every other vocation has long ago given up the apprenticeship method of learning. Slowly, now here and now there, the hospital schools have made use of the near by educational institutions for the teaching of the sciences. Many years ago Simmons College opened its doors to the students of the near by hospitals and taught them their basic sciences. Within the last dozen years three hospitals have become autonomic schools of the universities with which the hospitals were affiliated. Other universities and colleges have schools of nursing as a subsidiary branch of some other school, such as medicine and practical arts. Still other colleges have schools of nursing where the liberal arts and science courses are taught in the college and the clinical instruction and field experience are secured in a group of hospitals who receive these students as affiliated students. In this last group is the reorganized Simmons College School of Nursing. Miss Hall will, I am sure, speak of that school in her report. I wish only to say that members of the nursing profession, especially those in this section of the country, are very appreciative of the opportunity which Simmons College is

giving to young women who wish either an undergraduate course in nursing which is of academic level, or who wish to supplement their undergraduate preparation with postgraduate courses.

I have tried in the last few minutes to reveal the basic reasons for the majority of the remarks of your neighbor. I have not revealed the reason for the remark "And the status of the nurse is pretty uncertain". It is, and why? First, because until very recently the requirements of the board for state registration have been too low to insure a curriculum content that could demand academic respect. Yet several of the best schools of nursing have had a curriculum that was of junior college level and for which educational institutions have given two years of credit toward a science degree. Second, because we not only have the heritage of the Sisters in the religious orders, and of Florence Nightingale, but, alas, we have also the heritage of "Sairy Gamp" and others of her ilk. And the third reason why the status of the nurse is pretty uncertain is because hospitals have needed workers and they have admitted, retained, and graduated young women who are of little credit academically or socially to the profession. So all nurses have suffered as a result of a system of education over which they have had little control, but there are evidences on every side that nurses are wielding great influence in modifying that system under which they have been prepared.

Can you not see, then, that the major weakness of nursing education and the major weakness of the nurses as the product of that education are the result of the system for which neither the hospital nor the nurses are to blame?

What is to be done about it? The answer is obvious. How are other young persons prepared for other professions? They enter schools supported by endowments, tuition fees, and sometimes by taxation. They pay for maintenance and for books. Why should not schools of nursing be supported in a similar way? Suitable compensation in the way of maintenance might continue to be given in exchange for a reasonable amount of student nursing service. This would mean that the cost of nursing education might still be less than the cost of other forms of education. Families find ways and means to educate their other daughters for other professions. Sisters of these student nurses are found in schools for librarians, dietitians, laboratory technicians, and secretaries. Parents will find ways

and means to pay for nursing education provided their daughters get a full return for money expended. Parents will not pay money for a semester of education in which their daughters render fifty-two hours a week of nursing service.

For a long time to come many of the best schools of nursing will be hospital schools as well as college schools. Therefore, endowments should be planned for hospital schools. Hospitals, too, should feel perfectly justified in spending a larger proportion of their funds to improve their schools. Improved schools would justify larger tuition fees than are charged at the present.

And now I would like to speak for these young women to another group in this audience; namely, the physicians. But ere I turn to them I should like to leave you of the parent group with the question "Will you as members of the community ask yourselves why you have given so little thought to the system by which nurses are prepared for their service within a community?".

Among you who are physicians are our warmest personal friends. Some of your profession have done much to further nursing, a great majority have done nothing, a few have hindered. I have never quite understood why medical men have been so much more free to criticize the nurses' preparation, performance, and personal qualifications than they have been to criticize the same elements in the younger group of workers who aid them in their field of medicine. I refer to such workers as dietitians, occupational therapists, social workers, and physiotherapists. I wonder how clearly you of the medical group see that the very factors you criticize, and often justly criticize, in the school of nursing and the service it renders are the result of the system under which it functions. To only a very small degree are these unsatisfactory factors the fault of any individual or any one group of individuals. Were the students of the Harvard Medical School also to function as the house officers of the Peter Bent Brigham Hospital, directed by a small group of residents who were not only their supervisors but their teachers, we would have a situation analogous to our nursing situation. I do not need to tell you what would happen to both the standard of medical education in the Harvard Medical School and to the standard of medical care in the Peter Bent Brigham Hospital.

Each year I am glad to say we hear less frequently that nurses are over-educated, and that they consider themselves just about as good as the doctor. If you survey the records of the graduates of any of the older schools of nursing, you will see that a larger number of the earlier graduate nurses entered medicine. There are two reasons for this: one, that years ago medical schools gave some credit of time for the nurses' training; second, that today nursing has far more to challenge and satisfy the intelligent and ambitious young woman.

There are many factors of the nurses work that are not pleasant, even to the nurse. But these factors would be far more unpleasant if she lacked a comprehensive knowledge of the various sciences, both physical and medical, that underlie her work. You would agree that to the man who cleans your laboratory floor and washes your glassware, much of your work in that laboratory looks unpleasant and to him repulsive. This is because he has no knowledge of the science which underlies the activity he sees.

To a very large degree the very skill that you desire in us as nurses can be acquired only when we possess a certain degree of knowledge of science and medicine. Certainly the very qualities that you desire in us as persons are the result of the right family and social backgrounds, and of the educational and cultural opportunities that we have been fortunate enough to secure. Surely it is not consistent to expect that this type of young woman will be satisfied in a school of nursing where she will obtain only a meager knowledge of the principles upon which this alleviation is based.

On every hand we hear that the good doctor, as well as the good nurse, should be a teacher. We urge you as physicians to exercise to a greater degree your function as a teacher of nurses as you work with them on the wards. Your measure of return for this teaching will be large.

Nurses are tremendously loyal to physicians. There are occasions when that loyalty is almost blind. I wonder if there is any other profession who has such loyalty. Doctors in turn are loyal to nurses as individual workers. I am not so sure that they are as loyal to nurses as a group.

A lack of loyalty in any situation is usually due to a lack of understanding. Much of the lack of understanding of nurses on the part of doctors is as much the fault of nurses as of the doctors. Nurses have been so trained (and that is the right very) to carry out without question the medical orders of the physician that they have also accepted without question or remonstrance their opinions relative to nursing education. Opinions often expressed without adequate knowledge of the subject.

We have taken these criticisms of our medical brethren too literally and too seriously. We have made too little effort to interpret our problems. Had we done so, we would have received less criticism and more help. I can smile now, as a younger superintendent I could not, when I hear, usually fourth hand, that a member of the medical staff has made a derogatory remark relative to my administration of the school. Now I well know that some day a young woman will present herself for admission to the school and in response to the inquiry, "Why are you thinking of coming to this school?" she will reply, "Dr. Blank (the same medical staff member) told me that this is the best school in the country".

Nothing has done more to bring about a better understanding between nurses as a group, and doctors as a group, than working together on such committees as the Grading Committee or the Committee on the Cost of Medical Care. Certainly knowledge tends to bring understanding and understanding brings sympathetic co-operation.

And now we wish to speak to another group in this audience, the trustees. But ere I turn to them I would like to leave a question with you physicians as I did with the parents "Why is it that you have not given more thought to the problems of this group of workers who have been your loyal aids longer than any other group of workers?".

It is difficult indeed to think of any group of men who have a greater responsibility than the men who make up the boards of hospital trustees. People in distress are knocking at the hospital doors. Professional staffs are always eager to pursue this piece of research or present a need for that new piece of equipment, or to further some new development. That so many men of fine caliber and real ability are willing to serve on these boards is one of the institutions very good fortunes.

You as trustees are very conscious of your responsibility for the care of patients and earnest in your desires to provide the best possible medical and nursing care. You

are cognizant of the fact that physicians must have an opportunity to pursue their particular piece of research.

All these responsibilities must at times weigh very heavily upon you, but I should like to add still other responsibilities, those which must be carried by men who are trustees of an educational institution. For you have a school of nursing, and if it is really a school, yours is an educational institution. How does that school rank among other similar schools? What are its high planes and what are its low? What are its primary needs? Has the school had its rightful share of the hospital's money expended? Have you invited the principal of the school to come with the hospital director to your meetings that she may help him to interpret the needs of the school? Has she come to these meetings as often as members of the medical staff? If not, why not?

Too many of us who are principals of schools of nursing present the needs of the school hesitatingly, almost apologetically. It is time we as principals of schools got over that. Nursing education must no longer be what Dr. Rorem calls the "by-product of nursing service". Hospital trustees would be truly sorry if they knew that graduates of their school left their doors inadequately prepared to fill the nursing needs of the community. Yet we are told that this is true of the graduates of our so called best schools. In what are they deficient I hear you ask - and I will answer, in the knowledge and skills to care for the patient mentally ill, or ill with communicable diseases, especially tuberculosis and syphilis. We are told that our graduates lack the necessary foundation for the teaching of prevention and the maintenance of health. Two more questions: Have you read, or have you asked the principal to interpret the reports of the Grading Committee? Are you making all possible use of your Training School Committee?

The graduate nurses of this school have reflected great credit upon your institution. I am sure that no other school of its age has as many graduates holding important positions. You will say that their success is due to the foundation that was given to them here. That is true only in part. Much of their success is due to the fact that they are persons of the caliber who make individual effort. We hear much about what nurses owe their hospital schools. The hospitals and the schools owe their nurses just as much.

Once again may I urge you to learn the needs of the school of nursing. Be so familiar with them that you can intelligently interpret them outside of the hospital fold. There should be no hesitancy on your part in presenting the needs of the school as well as the needs of the hospital. Now and then a school of nursing has found a generous giver. Why not yours? If we as principals repeat often enough the school's need for better libraries, a richer curriculum, more time for study, and more time to use opportunities that tend to develop the student into a satisfactory person, sums of money will be forthcoming to provide at least some of these needs. Such gifts have come to other institutions.

Now I wish to speak for these young women of the graduating class to another group in this audience, the alumnae. But before I leave the trustee group to do this, may I leave with you a question. "Have I as a trustee of the hospital fully realized my obligation as a trustee of an educational institution?"

Sister Alumnae, there are two remarks we hope you will spare us; namely, "Students now a days don't work as hard as we used to work", and, "The young graduates now a days are so irresponsible". You must remember that while you know some of the things that have been removed from the list of activities which you performed, you have little knowledge of those activities which have been added to our load. I wonder if you realize how much of your present sense of responsibility, of your present store of good judgment you have acquired since you graduated.

We as young graduates are, in our hearts, very loyal to you older alumnae. We are so proud of you when you wear your uniform well, display a truly professional manner and attitude, reveal a broad knowledge of your profession as such, deserve the patients' praise of your care, and receive the physicians' acknowledgment of your skill. We are proud when you are appointed to important positions, when you are elected to responsible offices and when we see your contributions to the nursing literature. We are proud, too, when we see you go off to college for postgraduate courses for we know what sacrifices you have probably made in order that you may do this. When we see in you these qualities which we much admire, you greatly influence our own development. You can do so much to make us better nurses and more successful women, and perhaps sometime you will be proud of us!

I hope that some day soon you will invite us to go with you to a meeting of the Alumnae Association, and after I have proved my sincere desire to use good judgment in the management of my professional and personal life, I should be so appreciative of the benefit of your experience. I suppose every person must learn by her own successes and mistakes of others, but I don't see why I cannot learn by the successes and mistakes of others. I long to find the alumna who has been successful in getting something from the world outside of her own profession; yes, and successful in giving something to this world outside of her own profession. I know such are among you.

There is yet another thing I should like the alumnae to do for the school. I myself cannot do it at once, but I think the older graduates could. I wish you would talk with the principal about the needs of the school as graduates see these needs. The Director of the Hospital must get a little weary hearing the principal of the school suggest this and recommend that. I believe that if, for example, the principal said to the Director or to the Training School Committee "One of our graduates came in the other day to say that many of them find that they are distressingly ignorant of the nature and the function of the social and health agencies of the community, and she asks what the school can do to remedy this deficiency". I am of the opinion that the Director and the committee would give this question new thought.

I am sure that hospital directors at times think that superintendents of nurses are their particular cross to bear. Certainly a request from a group would strengthen the principal's position and arrest anew the attention of the hospital director..

The question then that we leave with you of the alumnae is, "Why do you not meet in a more objective manner the queries which the public make relative to the shortages of nursing education and of nursing service?".

And now may we talk a little to ourselves. Like all other youth we sound unappreciative of what we have had. We appear to wish to make the world, and especially nursing, over at once. We are not unappreciative of what we have had. We know enough of the history of the development of schools of nursing in this country to realize that this school of ours is in the highest rating group of hospital schools. We know how fortunate we are to have received our preparation in an institution which is respected throughout the length and

breadth of the land, to be associated with men and women of our administrative, medical and nursing staffs who not only rank high in their respective professions, but high as individuals. We are so proud to call this hospital "ours", this school "ours", these physicians and nurses "ours". But we know that we must carry part of the responsibility for keeping the school there on its high plane.

Each one of us in our most serious moments would say, "I hope I ^{shall} will have enough will power to do a good job. I hope that yearly I can possess more and more of the tools of my profession, that I will learn to use my opportunities as a teacher, and that I will develop a breadth of interest, and somehow in my efforts to accomplish this may I find my fair proportion of leisure in which I may develop a capacity for enjoyment of life as good books, music, art, travel, and association with men and women of education and culture. To this end I pray for the strength to embrace each day's opportunities as they present themselves. If I can do this I know I shall go a long way toward being the kind of a person I truly wish to be.

And now, no longer speaking as an interpreter for these young women of this graduating class, but as a graduate nurse of many years experience I beg of you not only as parents, physicians, trustees, alumnae and new graduates, but also as probable employers of nurses, ponder well upon these matters of nursing education and nursing service that we have in the last few moments brought to your attention.

The conclusion is obvious. Progress will come only by the continual and unity of action by such groups as are represented here tonight. These groups, however, must be informed groups.

You have all given of your time, ability, and money to aid other educational institutions. I believe you will give the same to nursing education just as soon as you come to the full realization of the need.

Texts are usually given at the beginning of the discourse, mine is at the end. It will be found in the words of Paul in his Epistle to the Hebrews ".....let us run with patience the race that is set before us."

DISCUSSION RELATIVE TO INSTALLATION OF THE NEW CURRICULUM

MAY 13, 1937

CARBON

Prepared by Miss Johnson for
presentation to a NLE
group

File in S. Johnson
folder

DISCUSSION RELATIVE TO INSTALLATION OF THE ~~NEW~~ CURRICULUM *Guide*

MAY 13, 1937

I shall add nothing to what has already been written or said concerning the use of the curriculum guide, but repetition will bring familiarity and oftentimes as things become more familiar, they become less terrifying. For example, many of us in this room can remember when horses were repeatedly led or driven past automobiles that they might become more familiar with them and therefore less terrified by them. At the first distant rumble of the infernal machine, the horse became apprehensive and fearful. He shook his head and snorted. Perhaps he stopped, stamped, bolted, and then balked. Meanwhile he broke out into a cold sweat and showed the whites of his eyes. His strongest desire was to get away from the thing; to run. If his driver were wise, he had already adjusted the blinders so that the horse could not see too much at once, ^{when then} he talked kindly to him in a soft voice, ^{encouraging} and ~~encouraged~~ him. Then all of a sudden the frightening object was gone! A few repetitions of this experience eventually brought the horse to the place where he felt no fear or even apprehension. In fact, later he might be willing to pull the thing under his own power.

~~We~~ have heard the rumble of the infernal machine, ~~for tools~~ ^{and} have passed through the stage of apprehension and fear; ^{and} some among us may have shaken our heads and even snorted. Certain ones among us may have even shown the whites of our eyes. But we have not run away. We are made of sterner stuff.

^{Because} Several of the members of the staff of the Massachusetts General Hospital, including Dr. Faxon, the Director, have in one capacity or another worked with the Central Curriculum Committee, ~~Therefore~~ ^{has} the Chairman asked us to give some thought as to how we might proceed to install the new curriculum and to make a tentative estimate as to the probable cost of installing it. This we did, and while I am quite willing to tell you, at Miss Stewart's request,

something of our line of thinking, I have not been willing to write a paper on this subject for publication. This is because I realize that, with future study, many of the statements which we now make will probably prove invalid.

When we realize the large number of persons who must participate in the successful installation of this curriculum, we smile when we recall^{ing} that in 1917 the candidate for the position of instructor was quite often expected to teach, ~~(unaided)~~, the "standard curriculum." Today the first task is to lay out a plan by means of which all of the many participating persons may become familiar with the curriculum as a whole and with the philosophy behind it. They must also realize the necessity for modification and extension of the present curriculum.

Obviously the key person in the plan is the principal of the school. She must make the plan and direct the building. The job is a large one. She cannot perform it alone. Neither can it be accomplished at the tag end of the day or on the seventh day following six working days, probably of twelve hours each. Perhaps the principal's most difficult task will be to extricate herself from other claims of the normal working day in order that she may do this piece of work when she is not fatigued.

But to proceed, ~~The~~ work will most easily be accomplished through committees, ^{ing} ~~The~~ principal ~~will~~ probably include in her first working committee her assistants and chief instructors. This small group will already have a firm foundation of relative knowledge. They know the history of nursing education in this country and are familiar with the major articles that have been published by the Central Curriculum Committee. They know the shortages of the present curriculum. They are thankful for this new tool although they do not need to accept all of its suggestions. It seems to me that one of the first steps, ~~(and there are many "first" steps)~~, is to assemble the relative material already published. These first articles sponsored by the Central Curriculum Committee were published early in 1935, two years ago. The wise

principal has long ago put them into the hands of the Education Committee of her Committee on the School of Nursing. She has interpreted those articles to that group. She has introduced them to those two pamphlets: "Manual of the Essentials of Good Hospital Nursing Service," and "Essentials of a Good School of Nursing." And if, in addition, the key members of the Committee on the School of Nursing have been persuaded to subscribe to the "American Journal of Nursing," a firm foundation has been laid ^{for} ~~in~~ that group.

If the hospital Director is not ^{one} ~~of the number~~ who, ¹ ~~under his own power,~~

^{who} has kept himself informed about the work of the Central Committee, the principal ^{supplied him with} ~~has, during the last year, fed him~~ the necessary literature. Perhaps she has even had the courage to suggest to him that the next time that there is a vacancy in the Board of Trustees, ~~that~~ serious consideration be given to the appointment of a person who is an educator, possessing the qualifications ^{such a} ~~that~~ term implies. We boast, and rightly, of the educational functions of our hospitals. We name the student groups: medical, nursing, social service, dietitian, theological, record librarian, occupational therapy, and probably others that I do not recall. Yet few, indeed, are the Boards of Trustees that include a person who is especially prepared to further the educational aspects of the teaching hospital. It would seem fitting that such an educator be the Chairman of the Trustees Committee on the School of Nursing.

^{which} "About this time" ^{to sound} ~~(sounding like the Farmers' Almanac)~~, the principal realizes anew that a larger number of persons on her nursing staff must get started on post graduate preparation. Her little key committee, however well qualified they may be, ^{simply} ~~just~~ cannot teach the others until the soil is prepared for learning ~~from such teaching~~. And so she plans to push these young women off for post graduate work. Speaking for the local situation, the head nurses, while holding their positions, can take the two courses taught by Miss Wood and others at Simmons College. The cost of a summer school is not prohibitive. After even one summer school the graduate has usually acquired a "taste for the olive" and she herself will go back into the bottle for more.

Again "about this time" orders should be taken for copies of the curriculum guide. There should be a sufficient number of ~~copies to be~~ available when workers have time to work. It will not do ~~to~~ simply ^{to} tell these various persons who should be using this book that it can be obtained by writing to the National League of Nursing Education, 50 West 50th Street, at a cost of \$3.50~~///~~ and then leave the matter there. After two days the majority of these persons will fail to remember the name of the organization, or the address, or the cost. Therefore they will do nothing about ~~purchasing~~ ^{getting} the book. But if someone in the school office takes orders for the book, collects the \$3.50, procures the copies and gives them out from the office, many will provide themselves with the report. The principal can well afford to pay the postage. Copies should be owned by certain members of the Trustees, medical staff, Training School Committee, as well as by the Director of the hospital and members of the nursing group. *Meanwhile the*

~~To return to the key committee,~~ ^{*It has*} ~~they~~ have shared in the work already outlined. The principal herself must see to it that this committee ^{*is*} ~~are~~ given ^{*has been*} some time for study of the project (within a normal working day.)

A second committee will probably be that of the departmental supervisors with a chairman and perhaps one of the key committee as an advisor. At once the necessity of still another committee comes into view, composed of those who teach a group of allied subjects, for example, medicine, materia medica, and nutrition. Meanwhile the teacher of each course is comparing her course outline with that of the suggested course ~~outline~~. Every school will form its study groups according to its individual needs and make its first attacks according to the individual situation. The allied features of housing, social program, and health program are to be studied by still other committees. Personally, I think I should like to begin the study at the opposite end of the poles; that is, ^{*make*} ~~by making~~ right those features that are now almost right, in order that we may have a sense of accomplishment, and, at the same time, begin to hammer hard at those features which are the farthest from the point of desirability.

least satisfactory.

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problems

While no school will find the same ~~factors~~ at the opposite ends of the poles, I am sure that at the difficult end there will be one factor common to us all, namely, the conflict between nursing service which the student is expected to give and the nursing education which she is expected to receive. From my rather limited knowledge of the curriculum guide, I am of the opinion that the features that will ~~make the greatest contribution to~~ ^{most increase} the ~~increased~~ cost of installation will center around ^{three factors:} (1) the shortened day, week, and year ¹ (2) the extended field experience (mental, contagious, and public health) and (3) the establishment of working conditions on the ward that will make it possible for students to practice good nursing.

The Central Curriculum Committee asked us at the Massachusetts General Hospital to give a tentative estimate of the most obvious costs of installing the new curriculum in our school. As already indicated, the most obvious costs pertain to an increased graduate nursing service to replace lost student nursing service due to the shortened hours, increased affiliation, and increased nursing personnel ~~on the individual wards~~. To be sure, our students would be giving nursing service to some hospital for the period of two and one-third years, ~~(following eight months pre-clinical course)~~, but all of this is not given to the home school. That school which has experience in mental nursing, obstetrics, and care of patients with contagious diseases in its home hospital will have far less expense in setting up the new curriculum than that hospital which must send its students away for these experiences. In studying the cost of installing the new curriculum, no two persons will start at the same point or proceed along even similar roads.

Miss Sleeper, ^{using} with a few suggestions from others of our group, made a cost estimate along lines which I shall indicate. First an effort was made to estimate the number and cost of graduate nurses ^{who} ~~which~~ would be needed to ^{supply} ~~replace~~ the nursing service lost because of shortened hours and increased affiliations.

I

We first determined a number of students for each class, and ^{divided} ~~settled~~ upon 80, a school of 240.

Then the number of student hours which would be available from these students for nursing service on our present basis 544,960

Then the number of hours which would be given to affiliation on our present basis..... 98,176

The difference between these two figures gave the number of hours of nursing service which would be given to the home school on the present plan 446,784

II

We then determined the number of hours of student nursing service available per year from 240 students on the proposed schedule of 42 hours a week nursing service, 8 months pre-clinical, and 4 months vacation..... 360,960

Then determined the number of hours of nursing service lost to affiliating schools in order to acquire the field experience recommended 152,280

The difference between these two sums left the number of hours available for the home school (on the new basis) 208,680

III

we Finally *ed* subtracting from the number of hours which would be available for the home school on our present plan the number of hours which would be available on the new plan, *True* ~~we~~ have the number of hours of nursing service lost because of increased affiliation and shortened hours..... 238,104

(Of this 54,104 only are due to increased affiliation, while 184,000 hours of loss are due to the shortened day, week, and year.)

IV

We *ed* Changing this total number of hours lost (238,104) into graduate nursing service (number and cost) on the basis of \$70 *and found* a month and a maintenance charge of ~~\$404.77~~ *we find* the result to be 72 floor duty nurses at the cost of \$89,633.44 a yr.

(Maintenance cost has now gone up to \$455.44)

sum may or may not be an accurate estimate,
While this *may be true (or it may not)* one must immediately remember

that if this experience were provided at home, some twenty-six students would be maintained at home and there would be no particular thought given to the maintenance charge. The additional number of students remaining at home would probably be twenty-six at a cost of..... ~~\$10,524.02~~

This would reduce the added cost for graduate nurses to ~~\$79,109.42~~

Breaking this cost again, it was determined that 56 of these 72 graduates at a cost of ~~\$69,667.92~~ were necessitated because of the shortened working period while 16 of them were necessary because of increased affiliations.

V

We estimated the cost of the necessary additional personnel, a librarian and an increased library budget. This cost would vary in different institutions

Available for the home school at our present rate of \$100,000

number of hours which could be available on the day

because of increased utilization and equipment costs

(On this \$100,000 rate we are to maintain
utilization, which is 100,000 hours of time
available to the district and, which, we have)

Therefore, this total number of hours (100,000) is

available during certain (hours and days) on the basis of

to each and a minimum charge of \$1.75 per hour for the

to their only source at the cost of

(The minimum cost has now gone up to \$100.00)
This cost is now \$100.00 per hour and we must have \$100,000

that if this expenditure were provided at home, how many-are provided

would be calculated at home and there would be no restriction on the

to the minimum charge. The additional number of students provided

at home would probably be fifty-ain at a cost of

This would reduce the total cost for students to

Therefore, this cost again, it was determined that 25 of these 75 students

at a cost of \$100.00 were necessitated because of the shortage

which would result in it to have more necessary because of equipment

utilization.

to utilize the cost of the necessary additional personnel, a limitation
on the number of hours which could be available on the day

according to their present set up. The total of these items was..... \$14,938.16

VI

We should have made an estimate of another group of probable expenditures: certain costs which pertain to the raising of the teaching level in general, and additional expenditures for such items as fees for special lectures, physicians, social workers, dietitians, publicity, school announcements, and scholarships. In another study which we have done, the total of these and similar items amounted to ~~\$10,800.00~~

We have therefore only two items to add: the figure of ~~\$79,109.42~~ for graduate floor duty service and ~~\$14,938.16~~, cost of added personnel and the library. This given a total of ~~\$94,047.58~~. Someone ^{might} suggest that the number of floor duty nurses might be reduced if there were greater employment of ward helpers or ward secretaries. That is probably true, although in our particular situation we have ^{several without each of these 3 groups of workers} ~~quite a number of both of these workers~~.

"About this time", and probably long before, one begins to look around for new sources of income. One of these sources is the student herself. It is quite possible that one blanket fee would be better than several different fees--^{this sum} ~~and then allocate~~ ^{could be allocated} from the covering fee to the various departments such as library, health, etc.

But for suggestions:

A tuition fee of \$50 a year for 240 students would yield.....	\$12,000.00
A laboratory fee of \$10 for 80 students.....	800.00
Health fee of \$10 for 80 students.....	800.00
A graduation fee of \$5 for 80 students.....	400.00
A maintenance charge for the first four months (\$120.64 x 80)	9,651.20

Expenses now met by the hospital which might be transferred to the student

Books per year.....	\$1,883.20
Uniforms per year	4,915.20

Hospital pins or badges..(\$7.50 x 80) ~~\$600.00~~
 TOTAL RECEIPTS FROM STUDENT..... ~~\$30,349.60~~

Subtracting this amount paid by the students from the previously named sum, ~~\$94,047.58~~, which is the total of cost of graduate nurses, added teaching personnel, and the library cost, we have a remaining figure which is the increased cost to the school of nursing if and when the suggested curriculum is installed. That figure is apparently ~~\$63,697.98~~

A point to remember here is that no school would make all of these changes at once and therefore would not meet all of this cost in any one given year. The process would be gradual.

I wish to stop here to reiterate that the sum named is the estimated cost in a hospital where the students would give to the home school only ^{we have subtracted} 18½ months of service after an eight months preliminary course, the necessary affiliations, and the suggested vacations [^] are subtracted. The ~~end~~ results would be very different in a hospital where the field experience was more inclusive, even after allowing for the necessary ^{expense of} set up for the teaching of obstetrics, psychiatry, public health, etc. at home.

It would appear that over a period of three years on the schedule of the suggested curriculum that each student will give the hospital a daily average of ~~4.1~~ hours of nursing service. It has been suggested that the monetary value of the student nursing service be 25¢, 35¢, and 40¢ an hour per year respectively. At this rate, and with a maintenance charge of ~~\$455.44 a year~~, one wonders if the student will pay for her maintenance. It seemed to us that she would just about do so and that at the end of three years she would have in the neighborhood of ~~\$60~~ to her credit.

We then decided that it was high time to estimate the cost to the student on this suggested basis. Apparently, the first year it will be ~~\$250.25~~.

the second year ~~\$75.41~~, the third year ~~\$87.91~~--- TOTAL ~~\$413.57~~.

Now where are you, and where are we? We are at the place where we should go back over all of these cursory studies to clarify, to simplify, and to re-estimate. If you have not already done so, you are at the place where you should make a similar study. You will ^{then} have more respect for this one that we have done, ~~after you have tried it yourself~~. If ever there were ^{was} a situation which proves that one learns by doing, this is that situation. But if we all make such an attempt, and more than one, and then share our learnings, we shall be farther along the road which we are ^{destined} ~~doomed~~ to travel.

Certainly now you can understand why I did not wish to write a formal paper on the subject assigned to me for discussion.

From where is the money coming to meet the increased costs of nursing education and of nursing service? [?] I am sure that the latter is the greater cost. \ The cost for nursing education is coming from the same sources from which money has come to meet the costs of other forms of education. Somehow we as nurses must learn to interpret the need to those who have ^{direct} access to potential givers. In fact, we ourselves should become better qualified to make our own contacts with these potential givers. The fact that we have not learned to do this, is not due to a lack of merit in the cause, nor to the lack of our own latent ability to do so, but rather to the lack of time to prepare a convincing presentation of the need. Stop a moment to consider the cost of the developments that have come within your own institution during the last decade: costs for buildings and equipment. The need was sold by some person or persons to other person or persons and somehow the costs of these new developments were met. "The Worthiness of Schools of Nursing for Endowment by Philanthropists" might well be a subject for a nurse's thesis. I realize that the committee considering suitable subjects for theses might think this ^{is} ~~one~~ not sufficiently profound. ^{But} ~~Certainly~~ ^{it would} it would be original and useful. I am not at all sure that it is not a

worthy subject for a thesis presented for the degree of Doctor of Philosophy.

And back where I began--^Ffirst the suggestion that time be made for all concerned to study the project; then, that committees be formed; and that several copies of the curriculum be purchased. Next, see to it that the part or parts, with interpretation, be presented to the members of all groups concerned; Trustees, medical staff, school of nursing committee, and alumnae. ¹ Make use of every person who has anything worthwhile to contribute. Learn to present the cause of the school to those ^{who are in} ~~in~~ positions to render aid.

Over and above all else, I exhort the principal of the school not to become overwhelmed or discouraged. Many of you are my contemporaries. Just recall the hurdles we have taken. While we did not always land on our feet as we came down on the other side, but sometimes found it necessary to run a few steps to regain our balance, seldom did we actually fall. Those of you who are younger than we can profit by our experience. Then too, you have more and better tools with which to work than we had, or have. Both groups are needed for the task. We shall work together. I see therefore no reason for discouragement but every reason for encouragement.

Following a Sunday afternoon given to the consideration of this discussion, I went to the Womens City Club for supper. Afterward a choir of young colored men sang negro spirituals. The first of the last group was "Keep Me, Oh Lord, From Sinking Down." I rather expected that to be followed by "Nobody Knows the Trouble I See" but it was followed by "Rise and Shine." ¹ ~~I leave you to make the analogy.~~

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AMHERST, OCTOBER 1940

S. Johnson

Introduction

Express appreciation of opportunity to speak to the group - to discuss with you the worthwhileness of nursing as a field of work for the college graduate.

Nursing is often referred to as a vocation and sometimes as a profession. Whether it is the one or the other depends upon the educational preparation of the worker, the school which she attends, and the level of nursing which she, herself, practices. The truth of the matter is that nursing is rapidly emerging from a vocation into a profession. It is a field of work which is gaining ^{substantial} both social and professional status; therefore, the practitioner of nursing is gaining the same social and professional status. Formerly, she had precious little of either, as those of us who have been in the field know. Reason: easily entered, formerly the least expensive way for a hospital to obtain nursing care for its patients - nursing care given by nursing students. Today less nursing care is given by the students and more by the graduate nurses. For this reason and others, the nursing school today is less of a financial asset than it was formerly.

Recent Discussion with Two College Graduates:

Question asked: "Why do so few college graduates enter the nursing field?"

The following reasons were given and in the order named:

Social restrictions.

Little Challenge.

Little use of initiative, work under doctor's orders, routines, Drudgery, if high school graduate is adequately prepared, why should the college graduate consider it? a challenging field for her?

Few satisfactions

During the years of preparation, content of curriculum too elementary.

Work after Graduation not Stimulating.

Young women had little information relative to the various fields of nursing. Thought of it as mainly going from house to house caring for patients.

Preparation too long after college.

NOTE: Had never heard anyone speak about nursing. (Perhaps there was a speaker at her college but she did not attend.) Position which she was hoping to fill.

2

Sequence of topics.

Brought for each of you: (1) Pamphlet. (2) Report of survey of fields of nursing in which our graduates are engaged. (Surveys of other good hospital schools yield similar results. (3). Miscellaneous notes from which will interpret those factors which challenge young women in nursing. Will speak specifically, not in generalities. Content of the sheets is specific. One gets weary of hearing about the "noble" profession of nursing.

Content new and of interest. Difficult because of limited time to master it. Modern methods of instruction: reference reading, discussion, conference, laboratory, excursion, nursing care plans, nursing case studies, socialized recitation, panels, problem-solving, etc. Faculty and instructors: many who are graduates of normal schools or who have had two or three years of college. ^{Eight} ~~Six~~ with B.S. degrees, ^{Seven} five with Masters degrees. Class rooms, a large percent satisfactory. Library: an individual one for the school with a librarian in charge who is a graduate of Simmons College School of Library Science.

Private duty: average nurse does well if she earns \$1200 a year. To do this she must occasionally take the long case in the home. Floor duty nurse, \$840 a year plus full maintenance - costs the hospital about \$1325 and a considerable more if she rooms out and room is paid for.

Teaching: \$1080 - 1800 a year plus full maintenance.

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(The salaries named do not include the maximum for a few of the key positions.)

At the conclusion of the investigation, it was found that the school had been closed for the past several years.

Summary of Findings

Based on the information given by the school, the following findings were made:

1. The school was closed for the past several years.
2. The school was found to be in a state of disrepair.
3. The school was found to be in a state of disrepair.
4. The school was found to be in a state of disrepair.
5. The school was found to be in a state of disrepair.

Recommendations

1. The school should be closed for the past several years.
2. The school should be found to be in a state of disrepair.
3. The school should be found to be in a state of disrepair.
4. The school should be found to be in a state of disrepair.
5. The school should be found to be in a state of disrepair.

Conclusion

It is recommended that the school be closed for the past several years. The school was found to be in a state of disrepair and was not safe for use.

Public Health Officer, 1960. The school was found to be in a state of disrepair and was not safe for use.

1960. The school was found to be in a state of disrepair and was not safe for use.

1960. The school was found to be in a state of disrepair and was not safe for use.

(The school was found to be in a state of disrepair and was not safe for use.)

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Amherst, Oct. 1940

Social Restrictions - Left to last as they are most difficult to relieve, and it is the aspect over which the college graduate has the most reason to be concerned.

A certain number of these restrictions are a good thing. Today we are thinking that not only youth but persons of middle and older age need more discipline in living. There is probably too much in a school of nursing, but much of it relates to the care of the patient. The student nurse must maintain her health, both physical and emotional, because she must be able to take care of her patient. She cannot be up "all hours" and care for her patient. She is exposed to infection, she works regular hours. The young woman misses the out of doors: swimming, tennis, horseback riding, etc. This is partly due to the transfer from living in the country to the city. - "I walked on grass." - Restrictions of the uniform, of broken hours, day ending at 7 o'clock. Required study hour. The difficulties of going to a Friday night dinner and Saturday afternoon ball game, followed by a tea-dance, a Saturday night dinner, and something or other on Sunday. It is a program difficult for the student nurse to carry out. Schools of nursing have done a great deal to loosen the restrictions. They could do more. Difficult because of two age groups, two levels of maturity.

Shortening the Time in Training:

Difficult to administer. Not warranted for all the college graduates. Field experience and class-room instruction to be adjusted. More difficult when two groups are in the school than when there is one group.

Question of Opportunity to talk about nursing to college groups.

Question of Inviting Deans and Personnel Directors to Hospitals - for planning program.

Minigraph

Amherst, 1940

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MISCELLANEOUS NOTES

Quotations from Mademoiselle

Quotations from "Facts about Nursing - 1939", pp. 13, 18, and 53 respectively.

~~Number of Nurses in the United States in the 3 Major Nursing Fields 1939 are~~
1930:

The proportion of graduate nurses in the different branches of nursing are:	Per cent
Private duty nurses and nurses in other fields	55.0
Institutional nurses	36.0
Public health nurses	9.0

~~(Figures based on those given in C. C. M. C., Vol. 22, p. 123)~~

~~(In 1940, the number of private duty nurses and nurses in other fields than institutional and public health is 45.5% of the total)*~~

College Alumnae Who Entered Nursing and Teaching Professions
1928-1935:

	Number	Per cent	
Total women graduates of 30 colleges studied . . .	17,817	100.0	Apprentice - larger cost of year & W. R.
Graduates who entered nursing profession . .	320	2.0	Long time before admission.
Graduates who entered teaching " . . .	7,598	47.6	Hope to be married (admission - 3 weeks)
Graduates who entered other professions and trades	9,899	50.4	Revolving company Sound help Weekly - and Summer vacation Holidays less vacation dates. Great responsibility.

Salaries of College Women, 1928-1935

"Nursing and teaching are the best paid occupations for a woman during her first year out of school

"The median salary for nursing is \$1,692.

"The median salary for teaching is \$1,236."

"After 8 years, college women alumnae who remain at work find the larger salaries (medians) in research, nursing, teaching and business."

The median salary for research was \$2,425.

The median salary for nursing was \$2,000.

The median salary for teaching was \$1,793.

The median salary for general business was \$1,575.

(Economic Status of College Alumni, pp. 71, 72)

Quotations from "Mademoiselle, April 1940"

*Statistics compiled during 1939-1940 indicate that 330 or 23+% of the graduates of the Massachusetts General Hospital Training School for Nurses are in private duty.

STATISTICAL NOTES

Table 1. Total number of cases - 1950, 1951, 1952, and 1953

Year	1950	1951	1952	1953
Total	10,000	12,000	15,000	18,000
Male	5,000	6,000	7,000	8,000
Female	5,000	6,000	8,000	10,000

(The above figures are based on data from the U.S. Census Bureau, Bureau of the Census, Washington, D.C., 1954)

Year	1950	1951	1952	1953
Total	10,000	12,000	15,000	18,000
Male	5,000	6,000	7,000	8,000
Female	5,000	6,000	8,000	10,000

(The above figures are based on data from the U.S. Census Bureau, Bureau of the Census, Washington, D.C., 1954)

Table 2. Total number of cases - 1950, 1951, 1952, and 1953

Year	1950	1951	1952	1953
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Male	5,000	6,000	7,000	8,000
Female	5,000	6,000	8,000	10,000

(The above figures are based on data from the U.S. Census Bureau, Bureau of the Census, Washington, D.C., 1954)

Table 3. Total number of cases - 1950, 1951, 1952, and 1953

Year	1950	1951	1952	1953
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Female	5,000	6,000	8,000	10,000

(The above figures are based on data from the U.S. Census Bureau, Bureau of the Census, Washington, D.C., 1954)

Amherst, Oct. 1940

How the Developments in Scientific Medicine Have Necessitated Developments in the Scientific Aspect of Nursing.

Examples: Oxygen tent, Drinker Respirator, Suction therapies, New drugs, Research.

Psychiatric nursing or the psychiatric aspect of general nursing: Knowledge of Psychology, Sociology, needed for accurate observation and recording.

Preservation of Health and Prevention of disease: Necessitates teaching of the patient, knowledge of the community resources which are available to the patient, and being familiar with ways and means of using such resources. One of the primary principles according to which nursing is practiced today is that the greatest service lies in teaching the patient to help himself.

Sources of Information

Nursing Information Bureau, ^{1790 Broadway} ~~50 West 40th Street~~, New York City (Radio City).

Pamphlet: "Profession for the College Graduate.

"So You Want Modern Nursing as a Career." ~~Iselle~~. One of the soundest popular articles which I have ever read. From the April 1940 issue of "Mademoiselle."

Miscellaneous

~~Extracts from article in "Mademoiselle:"~~ "No longer a blot on the family escutcheon." "Nursing has pushed back the health frontiers."

✓ "Scientific knowledge with rich human experience." ~~is~~ "More nurses needed."

"Not in competition with men." Nurse's qualities listed:

Good health
Interest in needs of others
Sense of humor
Patience
Intelligent curiosity
Willingness to work and ability to follow instructions.
Clinical, not emotional approach to suffering
Adaptability to surroundings
Sympathy in controlled doses
Capacity for independent thought with restraint in expressing it.
A bonus of tact, loyalty, and good scholastic record.

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE YEAR ENDING 1900

ALBANY, N. Y., 1901

THE COMMISSIONER OF THE GENERAL LAND OFFICE, U. S. DEPARTMENT OF THE INTERIOR, has the honor to acknowledge the receipt of the report of the Surveyor General of the Territory of New Mexico, for the year ending 1900, and to transmit herewith a copy of the same to the several departments and bureaus of the Department of the Interior, for their consideration and action thereon.

REPORT OF THE SURVEYOR GENERAL OF THE TERRITORY OF NEW MEXICO

FOR THE YEAR ENDING 1900

REPORT OF THE SURVEYOR GENERAL OF THE TERRITORY OF NEW MEXICO

FOR THE YEAR ENDING 1900

THE SURVEYOR GENERAL OF THE TERRITORY OF NEW MEXICO, has the honor to acknowledge the receipt of the report of the Surveyor General of the Territory of New Mexico, for the year ending 1900, and to transmit herewith a copy of the same to the several departments and bureaus of the Department of the Interior, for their consideration and action thereon.

Nursing Must Follow the Development of Scientific Medicine.

The nurse must not only know the mechanics of the oxygen tent, the Drinker respirator, and the various suction appliances, but she must also know the physical and chemical changes which these treatments produce in the bodies of the patients. The mechanical aspects can be taught quite easily, but it is a different thing to teach a student nurse to understand the reaction of the patient to all these treatments - not just his physical reaction but the emotional and psychological reaction. The nurse must understand these to the degree where she can help the patient to make the necessary adjustments, not only in the hospital but after he arrives home.

The Modern Medical Man is Changing his conception of Medical Practice.

The medical man, both in the hospital and out in the community, is giving much more thought to the psychological and emotional factors which influence his patient. These medical men are also giving more thought to the factors out in the community which contributed to the illness which brought the patient to the hospital, and likewise to those factors out in the community which might contribute to the prevention of the patient's return to the hospital. Today, more than ever before, the house officer, the resident, the visiting man, and the nurse are endeavoring to think of the patient as a person. (When a patient says, "It does me good just to have Dr. _____ come in to see me even if he prescribes no medicine or does no dressing.") I remember hearing such a remark about a country doctor who was practicing in a small town fifty years ago. Neither ^{doctor} he nor ^{the doctor} the patient knew the terms psychiatry, psychology, or sociology, but he practiced according to the best principles of all three. - Sargent Hurley) (Dr. Seem's evening visit: listening ~~XXXX~~ to my troubles and worries.) The doctor not too hurried. Some forget the patient in their interest in the practice of medicine. Need for encouragement and help ^{to} the patient as he endeavors to reestablish himself.

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Do I need to repeat that Point to the above:

To practice modern nursing effectively, the young woman must have a good educational foundation plus maturity. ~~Also, nursing should be of interest to the graduate who has majored in the social sciences.~~

many times
Mistaken Idea that the Nurse Uses no Initiative because she merely Carries out the Doctor's Orders.

How much
The nurse carries out the doctor's medical orders. He may order treatments of nursing procedures which he could not possibly perform himself. He knows what medicines and what nursing treatments produce desirable results, but he, himself, could not possibly do the procedures which would bring about these results. Every day sees the physician more helpless unless he can have the aid of the nurse. Every time that I hear of a new medical procedure, a new kind of operation, or a new body of medical knowledge ~~which must be learned by the patient,~~ I know that, as the night follows the day, our nurses are going to be called upon to assist. *effort is made to* ~~Today a great deal is done in keeping~~ the fluid balance of the body. It is not uncommon for a patient to have two inflows and two outflows. It would be pretty disastrous if the flow was the wrong way. There are many mechanical *devices* which regulate the direction of the flow. The attachments are often electrical. The other day I heard someone who was discussing this say, "All the physician does is to put in the needle. *Nurse prepares the* ~~The fluids are prepared,~~ *then* ~~and the patient's reaction, recorded, by the nurse.~~ *then* In our institution there is one nurse who gives her whole time to the giving of intravenous solutions. She has been taught to insert the needle. There can be no more convincing example of the initiative and responsibility which must be assumed by graduates and student nurses than that of the night care of patients in a home or in a hospital. In our own institution with the adjacent Eye and Ear Infirmary, there are *nearly* ~~approximately~~ *1200* ~~a thousand~~ patients in bed every night. From 12:30 a.m. to 6:30 a.m., *86* ~~barring an~~

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Amherst, Oct. 1940

emergency operation and other emergency calls, the medical administrators and the medical staff of house officers and residents ^{only one resident} are in bed. ^{whether or not a doctor} The care of these ^{physicians or} ^{admitted} 1200

^{is called} ~~thousand patients, the administration of that great hospital is, unless a call is~~
^{is} put in, the sole responsibility of the nurses. They and they alone must make the decision as to whether or not there is need for calling a physician to the bedside of the patients. To be sure, a large percentage of that medical staff have telephones in their rooms and one physician has sleeping quarters in the emergency ward, but, to repeat, it is the nurse who decides whether the condition of the patient warrants a visit from the medical man. What a responsibility! One of the greatest concerns of the Superintendent of Nurses is the amount of responsibility which is placed upon these nurses. However, if, in the opinion of a group of outstanding ^{Physicians} visiting men, the nurses were not nightly demonstrating their ability to carry this responsibility, they would not place it upon the shoulders of the nursing staff. How can any informed person think that the modern nurse does not use her own initiative, is not challenged, and does not carry heavy responsibility! ^{My worry is not - how little - but how much!}

Five
Lunch
Sundaily
meals

The Nurse as a Teacher - Example in the Public Health Field:

The person ill with T.B.; protection of his family from infection; for himself, the necessity of rest, diet, and aid in the planning of the budget.

Reduction of worry. ^{In Camp - In school -}

The pre-natal patient: diet (which must include milk, fruit, vegetables, and how to finance these); necessity of treatment if syphilis or gonorrhea is present. ^{mother} Recognize symptoms of pre-natal birth and how to prevent it. Care of the premature baby. May be necessary to inform the mother that the Board of Health will transfer such a baby to a hospital for care and that the Overseers of the Poor will pay for the care of such a baby without placing the family on the pauper list. Direct the mother to acquire the equipment necessary for the care of the baby after

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his return home. Teach the mother how to care for the baby in her own home with her home equipment. Encourage the mother to return to her family physician for supervision of herself and of her baby. If no family physician, refer to well baby clinic.

~~Providing patients with instructive literature.~~

The Nurse as a Teacher in the Ward -
Teach pt. to do his own treatments: application of ointments
and so forth for skin conditions (one trial) & irrigation
(3) diet - (4) maintain - (5) when to get pamphlets & keep them
maintain his health - (6) How to get in touch with
dentist nurse. (7) How & where to get medicine.

Circulation

Hot feet
Arteriosclerosis
Liver

Open - the portal
Lymphatic

... ..

*A revision of her earlier
draft*

PANEL DISCUSSION--AMERICAN COLLEGE OF SURGEONS--NOVEMBER 3, 1941 - 55

MEETING THE PROBLEMS OF RENDERING ADEQUATE CARE OF THE PATIENT AND MAINTAINING
QUALITY STANDARDS OF SERVICE DURING THE PRESENT PERIOD OF PREPAREDNESS AND
NATIONAL EMERGENCY

Our concept of what constitutes adequate care for our patients today has changed from that of the past--and will continue to change in the future. The Patient, too, is in the process of changing his concept of what constitutes adequate care. These statements might seem to imply that the new concept is one of care - which is less in amount and lower in standard. This is an incorrect implication. The correct implication is that we are in the process of learning how to make our care more effective, thereby making the time required for the care less in amount. ^{*shorter.*} This we must learn to do - for there are fewer workers. ^{*Part*} First, we must make the most effective use of what we already have; be it equipment or personnel. All of us represented here work in institutions. This means that we work particularly the amount accomplished, with many other people and that the success of our work/depends upon the cooperation of all concerned. Now the keystone of co-operation is understanding--knowing why things are as they are. This understanding must extend from the Trustees and the Medical Staff to the newest preliminary student and newest employee. All must know why there is a shortage of nurses, orderlies, and ^{*of*} ward helpers. The Trustees and the Medical Staff must understand that the major reason for the shortage of nurses is not an exodus of nurses to army camps, and the ward helpers and orderlies must understand that what seems to them to be long hours and low wages is not due to lack of consideration.

Much of this interpretation must be disseminated by the conference method, - conferences between Hospital Director and Heads of Departments--and between Heads of Departments and their Personnel. The executives must be extensively and correctly informed. Questions must be invited and carefully answered. Suggestions must be carefully considered and, whenever possible, acted upon. In the nursing department, the head and her assistants should confer with supervisors, teachers, head nurses

and students class by class. Among the subjects discussed are direct and indirect effect of the National Defense Program upon the hospital and its personnel, reasons for shortages, reasons for difference between hospital income and expense, and the effect of the there should be discussion of/present situation on people other than those in the hospital. This discussion, of course, leads up to a consideration of ways and means to lessen our difficulties. One of the contributions which the nursing students can make is that of recruiting students who are of the right calibre.

In every conference there must be an effort to make the point that all the ills cannot be cured - that some will just have to be endured. However, this is no reason why we should not continue to seek for cures.

And while we are looking for help from those who are within our own institutions, we must also be looking for help from without: by visiting other hospitals and by reading the literature, schools, by attending conventions, by telephone, letter, and questionnaires. I have in my hand an extract of answers to a questionnaire which the Massachusetts State Nurses' Association sent out to principals of schools of nursing. It reads, "We have extended the nursing service by: 1. Adding equipment. 2. Transferring procedures formerly done by nurses to other personnel. 3. Making more extensive use of available equipment. 4. Redistributing nursing hours. 5. Adding personnel. 6. Co-operation of medical staff by reducing procedures. 7. Simplifying procedures. 8. Re-arranging sequence of procedures taught to preliminary students. 9. Additional suggestions." This is not a list of "helpful hints" but of things which have worked.

I shall take time to mention only two groups of workers who do a very great deal to supplement the nursing service. One is the ward secretaries, who should be used more extensively. They do all paper work which can safely be done by a lay person, answer the telephone, and direct the numberless persons who come to the ward. The majority can use a typewriter but only a few can take dictation. They are paid the salary which is commonly paid to a filing clerk. These ward secretaries

are women of refinement and intelligence who often have a small private income which, when supplemented by a small salary, enables them to live on an acceptable level. They are a stable group of employees, and their length of service is measured in years, not months. A few of the ward secretaries, known as semi-volunteers, practically give their services, but a stipend of a dollar a day pays for a smock and its laundry, transportation, and lunches. These semi-volunteers are recruited from three sources: from those who do not need to earn but wish occupation, from those who are preparing to be medical secretaries and wish the experience, and from those who hope to be promoted to other positions. Members of this group, too, often serve for a considerable period of time; one such worker *has served* over three years - another over two.

The second group I wish to mention is the Red Cross Nurses' Aides. The institution with which I am connected has participated in the preparation of these Aides for six years. One hundred and eighty-seven have been prepared. One hundred and eleven are in active service. Following the initial course of fifty hours taught by a Red Cross Nurse in the class-room at the Red Cross Headquarters and fifty hours of practice on the ward, each Aide gives one hundred and fifty hours of service per year, preferably in blocks of five five-hour days per week. By Christmas one hundred more will be prepared. This number includes one class of fifty business and professional women who have taken their classes in the evening and have done their practice on weekends. All of this service is entirely voluntary.

I wish there were time to speak of the other volunteer services. The largest group in our hospital, ~~next to the Red Cross Nurses' Aide group~~, is that of clinic secretaries, whose work in the out-patient department is similar to that of the secretaries on the wards. It is absolutely necessary that all these supplementary groups be well taught and well supervised, and it is generally necessary that it be done by a paid person. Money so expended will yield high returns.

Note: If there are any in this audience who wish to have a list of the duties or a summary of the questionnaires mentioned, of the ward secretaries, ward helpers, and Red Cross Nurses' Aides, we shall be glad to supply such lists if you will send ~~me~~ a stamped, self-addressed envelope to me.

A few weeks ago Dr. Overstreet spoke here in Boston on the subject, "Nevertheless We Go On." His talk centered around four major points: we must go on, we must be as well and as correctly informed as possible; we must keep physically and mentally fit, and, having done all of this, we must make our maximum contribution to the needs of today. The object of the panels of this afternoon is to learn ways and means of giving adequate care to our patients. If we can do this, we shall be able to make our maximum contribution to one of the needs of today.

SJ:MA

10/31/41

Note: If there are any in this audience who wish to have a list of the authors

of the many contributions, and also names, and also names, and also names, we shall be

glad to supply such lists if you will send us a stamped, self-addressed envelope

to me.

A few weeks ago Dr. Overmeyer spoke here in London on the subject, "Evolutionary

to Do Or Not" his talk centered around four major points: we must go on, we must be

as well and as correctly informed as possible; we must keep physically and mentally

fit, and, having done all of this, we must make our maximum contribution to the

needs of today. The object of this afternoon is to focus ways and

means of giving adequate care to our patients. If we can do this, we shall be

able to make our maximum contribution to one of the needs of today.

21:44

10/21/42

Copy of Franklyn.
①

GUIDE THE HIGH SCHOOL GIRL TO A GREAT OPPORTUNITY FOR NATIONAL SERVICE.

Miss Sally Johnson

1941 or 42

I know something of the problems of the public school teacher. Many years ago I was graduated from a two year Normal School. I taught the fifth grade for nine years. Of course I have little conception of the problems of public school teachers of to-day. But I should think that one of them would be to find time to teach the proscribed class room curriculum after you have done all you are expected to do about meeting the health, psychological, social and vocational guidance needs of the pupils.

I am here with the hope that I may help you to provide sound vocational guidance for the young women who have the intelligence, health, character, educational maturity and certain personality qualifications for nursing. Only the person who is well informed about schools of nursing and the work of nurses can give sound guidance. The vocational director who has read nothing about nursing except in nursing school circulars is not well informed. There is a considerable body of nursing literature which will give extensive information about nursing, and an appreciation of it. Much of this material is free and much of it is inexpensive. The chief source of supply is Headquarters of The National Nursing Associations at 1790 Broadway, New York. I have brought a few mimeographed sheets which indicate reliable sources of information and list certain helpful articles. I shall name only three of them. There is a small folder entitled: "Opportunities in Nursing" which will indicate to both the guidance director and the interested student, the essentials of good

Nursing for America" published by the Public Affairs Committee, 30 Rockefeller Plaza, N.Y. In the February, 1942 issue of the Survey Graphic is one of the best articles I think I have ever seen entitled "Nurses Wanted - A Career Boom." The Committee on Recruiting Student Nurses, 266 Madison Avenue, New York City, will be glad to send you helpful material. I have in my files a "Recruiting Kit" in which there are some 15 pamphlets and articles. To-day such a kit can (and I believe should be) assembled and added to your vocational guidance material. With some help, a student could assemble such material.

I wish there were time for me to prove to you that the need for nurses is urgent. There is not time but I ~~believe~~ beg you to believe me when I say that the need is urgent.

There are three major reasons why this need is greater than in the World War.

- 1-The tools of war are greater in number and more deadly.
- 2-There are so many more hospitals and so many more patients in hospitals.
- 3-The development of medical science has brought many more nursing procedures.

There are 10,000 nurses on duty with the armed forces: 10,000 are requested for duty on July 1.

There are 30,000 1st reserve Red-x nurses: 80,000 are requested.

All of these women must be between the ages of 21 - 40, physically fit, and single,- unmarried. Marriage is the greatest cause of mortality among nurses. Already the victims of this World War are added to the census of the Veterans Hospitals of the country. Already there are plans for 14 additional U.S. Veteran Hospitals. These statements suggest at least

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TROVAN BOND

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the urgency of the need ~~for nurses~~. Only graduate nurses can meet these needs. They must come from our present supply. From the hospitals, from private duty groups, from the Public Health Services. In the hospitals they can be partially replaced by student nurses. Throughout the country we admitted about 41,000 to our schools in 1941. We are endeavoring to admit 55,000 in 1942. There are only in our Schools Therefore about 85,000; ~~in other words~~ we are trying to admit this year approximately 2/3 as many students as we already have. ~~in our schools~~.

We are asking you of the high schools to help us to do this.

We are asking you not only to encourage those pupils who come to you with an interest in nursing but we are asking you to create an interest in other pupils. If you read nursing literature you will believe that no woman can make a greater contribution to her country to-day than the well prepared nurse and that no girl, beginning in her late ~~early~~ teens, can make a greater contribution than the student nurse who cares for the civilian sick and thereby releases a graduate nurse to care for the sick men in the armed forces of the United States.

You must

Believe this yourself: before you can ~~that is the first step toward helping a~~ to answer the many questions young woman to believe it. ~~But you must be able to help the~~ asked by the young women who are considering nursing. ~~convincing young women to dispel her doubts.~~ First she may question her scholastic standing. If her course has included ~~sometimes one and~~ 1 or 2 years of ~~2 of~~ 1 of and a ~~sometimes two years of~~ Mathematics, Science, Languages and History /semester of Civics with grades no higher than the latter part of the 70 and the early part of the 80s, she may do quite well in certain schools. She probably will not do well in the large schools which are an integral part of large teaching hospitals where there ~~are specialists and medical research.~~ is specialization and research in medicine.

May I emphasize that the pressure of the class work of the preliminary course in these latter schools is tremendous. The change from learning by memory to learning by library and laboratory methods sometimes brings ~~often means~~ failure.

Second the student may be tempted by immediate employment with high wages. If it is necessary to help support the family, because the brothers are in the Army and the father's automobile business has gone, then nothing can be done. If the temptation to work is for the purpose of supplementing the necessities of life, ^{which are already supplied} /you know what to say about the relative importance of immediate desires and ultimate goals. Third is the large number of students who by going to work at once will enjoy at least partial independence and find it difficult to relinquish it. Sometimes they can be interested in nursing before they start to earn and be persuaded to save their earnings to finance the cost of preparation ~~for nursing~~.

Fourth is the young woman who has been told that the ^{life in the} /school of nursing is hard and restricted. It is, but less so than formerly. To-day life is hard and restricted for every one. That argument has less force than formerly. The students work hard but no ^{other} /institution takes better care of its students than the good hospital school of nursing. They know the value of rest and recreation. Several schools have full time physical-social directors who assist with the extra-curriculum activities. These activities include those of a good boarding school. Fifth is the young woman who believes that nursing will not challenge her ability. If she does not think so, her teachers or parents or ^{do} both /think ~~this is~~ so.

Many are of the opinion that the student ^{and} or graduate nurse ^{them} do only what the doctor tells ~~her~~ to do. Of course he prescribes the treatment. If the nurse did that she would be practicing medicine which she is not prepared to do. Generally speaking, the doctor is not prepared to do the treatments which he prescribed. Nor is it safe for the nurse to learn by rote how to give these treatments for if her memory fails her, disaster will follow. She must know the underlying scientific principles in order to detect any deviation from the usual. She must understand certain chemical reactions and certain laws of Physics, if she is to assist with oxygentheraphy, chemotheraphy and fluid balance. Years ago we were criticised for teaching Chemistry: now we must teach certain principles of Physica, other wise the wrong pressure may be applied or the wrong valve opened.

There can be no more convincing example of the initiative and responsibility which must be assumed by graduate and student nurses than that of the night care of patients in a home or hospital. In our own Hospital, with the adjacent Eye and Ear Infirmary, there are nearly 1200 patients every night. From 12.30 A.M. to 6.30 A.M. (with the exception of 1 medical resident who is always on duty in the Emergency Ward) the medical administrative residents and house officers are in bed. Whether or not the physician or administrative officer is called is the sole responsibility of the nurse. What a responsibility! However, if in the opinion of a group of outstanding physicians the nurse were not nightly demonstrating their ability to carry through ^{physicians} responsibility, ~~they~~ would not place it upon the shoulders of the nursing staff. How can any informed person think that the modern nurse

does not use her initiative, is not challenged and does not carry responsibility ? My worry is not how little but how much !

Sixth is the girl who wishes to go to college and should do so. I would not (at least now) recommend that you guide her away from college to the school of nursing but rather through college to a school of nursing. You may guide her to the five year course or to the sequence of two years of Jr. or Senior college, a school of nursing and a final year for a degree. (Speak of the Simmons Summer Course.) There will be a great need for these especially well qualified young women when the War is over.

I cannot take time to review the fields of nursing for the graduate or to list the signs which indicate that nursing is emerging from a vocation to a profession, nor even to take time to tell you of the satisfactions both for the student and the graduate who are in this field of work. (Speak of mimeographed sheet on which there is a list of positions which are being held by graduates of one old school .) That list will convince you that the fields are varied and numerous.

In closing I wish to urge you to keep informed about the current educational requirements for admission to schools of nursing. Make sure that students (particularly the better ones) are prepared to enter schools which require more than the minimum. Too many applicants as late as the vacation of their senior year, present themselves to the more exacting schools only to find they do not meet the entrance requirements. They state that their high school advisors have told them that they do meet the requirements. Upon inquiry we find that they meet only the minimum of the State. It is just as necessary for a girl to know that she meets the requirements of the nursing school of her choice as it is for the boy to know that he meets the entrance requirements of the school of his choice.

And last, I want to tell you that a few weeks ago the Boston Branch of the American Association of University Women accepted an invitation to hold its monthly meeting at our Hospital. We endeavored to interpret the work of nursing and of the School of Nursing, to explain ~~many~~ among other things our correlation of the interlying sciences and the nursing arts and the correlation of medicine and medical nursing. We explained our sequence of clinical (of ward) experience. Then our visitors, divided into small groups) went to the wards where student nurses gave a nursing clinic which demonstrated the integration of the underlying science, medical, sociological, and Public Health Nursing. This clinic showed the nurse as a teacher of health. Then there was a tea party. The members of that Association went away with a new conception of nursing.

We not only invite but urge you to come for a similar demonstration. It would be quite possible for you to precede such a demonstration by a business session if ^{that} ~~such a plan~~ ^{helpful.} would be ~~convenient.~~ I do not need to tell you that such a meeting as I have described takes a great deal of preparation, - and we are very busy people. Therefore a visiting group must be a large one and probably arranged through some central local committee.

The place to learn about nursing is where nursing is being done. To repeat; we not only invite but urge you to visit us.

10

Reg. Sec
M. Gustafson 360
Hewes 196
Sund 556
Wet 380

BOSTON BRANCH OF THE AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

March 14, 1942

INTRODUCTION

We are glad to have you here. We hope you will be glad that you have been here. Because we believe that even the best *informed* of ~~our~~ citizens should know more about the functioning of a great hospital and of a large school of nursing than they do, we have planned to give you factual material rather than inspirational. Nevertheless we believe that *this factual* ~~such~~ material is interesting, not dull. We hope that you will agree with us.

HOSPITAL WARDS

We no longer hear of "charitable wards." To-day we believe that the patients should pay something if they can (a social principle). No longer do we have great open wards but smaller units, double rooms, single rooms, with a transfer according to the degree of illness. No physician or nurse knows what the patient pays.

(Look up number.)

<u>Percentages:</u>	43 % free	$-\frac{1}{2}$
	36% partial payment	$+\frac{1}{3}$
	26 % fully paid	
<u>Full cost</u> --	\$8.19 per day	$\frac{1}{4}$
<u>Charge</u>	\$4.00 per day (\$4.00 for X-Ray, \$10. for operating room, \$2.00 surgical laboratory fee, \$5.00 medical laboratory fee)	

Physicians and surgeons can make no charge in the general hospital.

Available specialists for consultation: in addition laboratory fee,

~~X-Ray, physiotherapy, physiological laboratories,~~

X-Ray, physiotherapy, physiological laboratories,

March 1, 1954

MEMORANDUM

TO : THE DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]
[Illegible text follows]

1. [Illegible]

2. [Illegible]
3. [Illegible]
4. [Illegible]
5. [Illegible]

6. [Illegible]

7. [Illegible]
8. [Illegible]
9. [Illegible]
10. [Illegible]
11. [Illegible]
12. [Illegible]

13. [Illegible]
14. [Illegible]
15. [Illegible]
16. [Illegible]
17. [Illegible]
18. [Illegible]

bacteriological, chemical, electrocardiograph photography, library (delivery at the bed side), social service.

WORKERS ON ALL WARDS:

In my day: head nurse, students, orderlies.
To-day: these plus head nurse, floor duty nurse, ward secretary, ward helper, Red Cross volunteer aides, volunteer messengers.

EDUCATIONAL FUNCTIONS:

Students in the following groups: nurses, medical *students*, dietitians, physiotherapy, *occupational therapy*, social service, record librarians, general librarians, medical secretaries, theological students.

OUT PATIENT DEPARTMENT:

1000 patients a day: about 40 clinics. Patients who come in for minor illness or as a route by which they are admitted to the house. A place to which patients are discharged for subsequent care. Charge .75 for the first visit of an adult: .50 for the first visit of a child. Subsequent visits .60 for an adult and .30 for a child. Here are available specialists in every field.

BAKER MEMORIAL: 300 beds. For people of moderate means. Made possible through the gift of Mrs. Richardson in memory of her Father and Mother, Mr. and Mrs. Baker (years ago connected with Hovey & Co.). A large sum of money collected through individual donors for the equipment and furnishings. First of its kind in this country. Purpose to provide good medical and nursing care for people of moderate means.

POLICY :

(1) Hopes to meet expenses but to have no profit. Any which may accrue must be turned back for better equipment, better care and to maintain the present charges although the costs of all materials are rising. (On the first of January there was an increase in the charges of Phillips House and in the General Hospital but not in Baker. I should state however, that certain sums were taken out of the principal of the General Hospital to supplement the ^{gifts to} ~~costs for~~ the Baker Memorial. That must be returned to our principal before the Baker is free of debt. This has not yet been done.)

(2) A new and outstanding feature of Baker Memorial is that it can give ^{to the patient} in advance ^{almost} an exact estimate of the cost of the patient's stay: the charge per day, not only the fees for the operating rooms but the fees for the surgeon or physician. Unless a patient stays over two months, the maximum fee of all doctors who contribute to his care ^{must} ~~need~~ not exceed \$ 150. (it makes no difference whether the operation is the removal of an appendix, gall bladder or spleen). Only doctors ^{who are members of} ~~attached to~~ the staff may care for patients in Baker Memorial.

These doctors have agreed to this maximum charge. They have agreed to ^{the only policy which would make the plan feasible} do this because it is very convenient for them to have the majority of ^{why?}

Their patients in one institution which cares for three economic levels, - General Hospital, Baker Memorial and Phillips House. ^{Another} ~~Perhaps even more~~ important ^{practice that} is the policy of the admitting and book keeping offices to collect the doctor's fees, - in other words the patient pays all his bills to the book keeping office of the Baker Memorial, and the office then sends these fees to the individual doctors.

This is a new policy. The Baker Memorial is the first department of this kind in America. Dr. Washburn, whose idea it was referred to it (in its early days) as a "demonstration" and never as an "experiment."

There must of course be some regulation as to whether or not the patient shall go to the General Hospital, the Baker Memorial or the Phillips House. This decision is arrived at ^{after considering} ~~by~~ the patient's income, rent, size of family, age of patient, source of income, savings etc. etc. Baker Memorial is for private patients but not de luxe. (Phillips House is for that economic level.) Visiting hours are limited, also choice of foods, rooms are small, the majority are single, a few double, ^{a few} for four beds.

PHILLIPS HOUSE:

For private patients. Opened in 1917 with 100 beds. All costs and charges much higher. All possible privileges, physicians' fees their own affairs. The first hospital built in America to go up into the air, (only 9 stories). To-day it is not modern. Very few rooms with private bath, no running water in any rooms. Nevertheless, it is always full, is located on a noisy street but from the stand point of internal noise it is the quietest hospital I have ever been in. The corridors are wide, the rooms large.

REASONS FOR SHORTAGE OF NURSES:

This shortage was felt before the program for National Defense which intensified the shortage which was further intensified after the declared war. You will, I think, be interested to know why we began to feel the shortage about two years ago and to know why the National Program for Defense affected us indirectly rather than directly.

Ruhert
1941 v.9

AMERICAN VOCATIONAL ASSOCIATION
VOCATIONAL GUIDANCE

Introduction

I appreciate this opportunity to speak even briefly of our great need for student nurses, of our schools as they are today, and of the opportunities open to the graduate nurse. In speaking on this subject, I shall endeavor to tell you the sources of information which you, yourselves, may use.

Reasons for Shortages

There are 15,000 nurses now on duty in the Government Nursing Services, and there is a request for 10,000 more. At first thought this call for 25,000 nurses from the approximately 300,000 nurses in the country, approximately 8%, would not seem to be a serious drain upon those who care for our civilian sick, but further study shows that many of these 300,000 are married and therefore not eligible for 1st Reserve of Army, or are beyond the upper age limit of the army, namely 40 years, and still further study shows that our civilian hospital bed capacity and civilian hospital census have reached a new high. I will give two illustrations of this new "high".

1. The increase in the number of beds in the hospitals in the United States in 1940 over the number of beds in 1939 was equal to the erection of a new 85-bed hospital every day in 1940 including Sundays, holidays, and February 29. Now it takes a good many nurses to care for 366 85-bed hospitals!

2. Increase in the number of empty beds means little, but increase of number of patients in those beds is a different matter. In the three divisions of the hospital, with which I am connected, the percent of occupancy so far this year is 83, 86, and 94 respectively.

Reasons for this Increased Hospital Census

1. Better economic conditions. Particularly in the higher economic level, patients have come in for study of their illnesses, treatment of conditions that might have been endured, hernia, vericosities, respiratory infections, correction of deformities (this means that there was money for more special nurses and many of our nurses have left the employ of the hospital for specialty).

NURSING EMERGING INTO A PROFESSION

*under
first*

Over

Nursing is emerging from a vocation into a profession. Nurses have always taken great responsibility for the welfare of others. This is an essential element of the profession. Other aspects of nursing which have developed recently give it the character of a profession.

Every year the curriculum in a school of nursing becomes more inclusive and extensive with better correlation of theory and practice. Every year a larger number of students entering schools of nursing have from one to four years of college. In the best schools of nursing today there is a well-prepared faculty and a well-equipped library in charge of a graduate librarian. The methods of instruction are similar to those used in fields of higher education. In a few schools research in nursing practice is being carried on by members of the faculty. The body of nursing literature is growing. The graduate organizations are constantly increasing in number and becoming more effective. In the United States there are 78 schools of nursing which are integral parts of, or affiliated with, universities or colleges.

2. Hospitalization plans (Blue Cross). - These have influenced the number of patients coming into the hospitals from the middle or lower economic level. By this plan, a fee of \$10 a year makes it possible for a hospital bill to be reduced by something like \$105 if the patient stays in the ward three weeks. This group, too, are having remedial care (internal surgery, benign cyst). Some who could have been cared for in the home are coming into the hospitals because of the Blue Cross plan.

The National Defense Program Becomes More Active

1. This has brought more money for more care. More nurses are employed, both specials and floor duty.

2. Higher wages and salaries for men in the defense industries, especially young men--and they can afford to marry. Although the married nurses may continue to work in the hospitals and to special, married nurses are not eligible for army service. During October, 803 nurses withdrew from the Red Cross Nursing Service because of marriage. There were only 487 new enrollments.

3. Experienced public health nurses are going from the Community Health Associations to do public health nursing in areas around the camps where there is great need of maintaining health. Epidemics in the surrounding regions would soon spread to the camps themselves. Result is that our young graduates are being taken into the Community Health Associations to fill the vacancies.

Shortening of Hours of Both Student and Graduate Nurses

1. Students' working hours have been decreased from what, years ago, was a 70-hour and an 80-hour week to a 50-hour and a 48-hour week. Graduates' hours have been decreased from a 56-hour week to a 48-hour week. "Training is not as hard as it used to be"--True, but the change has required more nurses.

2. Change in policy from the major part of the patient's care given by students to a policy of supplementing with graduate floor duty nurses.

3. Many small hospitals have found that it is expensive to have a good small school and therefore have closed the school, and having no students they must employ a staff of graduates (many of those 366 hospitals created in 1940 have no schools).

Enough of the Reasons for Shortages.

Vocational
Jensen

4-9

While the reasons for the shortage of nurses are interesting, your responsibility is the giving of sound vocational advice.

Ways and Means of Obtaining Reliable Information about Good Schools of Nursing

1. State Board of Nurse Examiners. The office is usually in the capitol building of the State. Will give you the list of the schools which meet minimum standards.
2. The Board of Regents of the State of New York, Albany, N.Y. will give you Handbook #13 which lists the schools in the United States accredited by the Regents. Explain. Upper half of class, College Boards may be used instead.
3. The National League of Nursing Education. Office at 1790 Broadway, N. Y. is in the process of accrediting schools on a level considerably above the minimum requirements of the State. Is a new program. Therefore only 73 schools accredited to date, and many good schools are not yet on the list.
4. A pamphlet: The Essentials of a Good School of Nursing, obtainable from 1790 Broadway. At the moment is out of print but the new edition is ready for the printer. This pamphlet should be on the desk of every vocational advisor.
5. Repeat the address of the National Headquarters of our nursing associations: 1790 Broadway. One of these activities at these headquarters is known as the Nursing Information Bureau. One of its main purposes is to inform the public about nursing. Show samples.

May I urge you to study these materials and

1. Be sure that you are informed about the latest education requirements for admission to schools of nursing. No advisor can keep abreast of the changing requirements. Make sure that students, particularly the better ones, are prepared to enter schools which require more than the minimum (Science, Chemistry, Biology, Math. 1, History 2). Too many applicants come to our schools of nursing for interviews stating that their high school advisors have told them that they meet the requirements. On inquiry, we find that they meet only the minimum requirements of the State.

Scripps
Knappe
Pacheco
Winters
Pacheco
Pacheco
Pacheco

2. I do not need to tell this group the criteria which are used for measuring a school: faculty preparation, curriculum, equipment, housing, working conditions, care of health, social and recreational facilities, etc. In nursing we must consider also the clinical field, i.e, experience in medicine, surgery, obstetrics, care of children, diet kitchen, public health, contagion, psychiatric nursing.

Brown

8
B.3

3. The size of the school is not the only criterion. There are poor schools in large hospitals and good schools in small ones. (affiliations) Vocational advisors, to a degree, should know which student would probably be better fitted for the large schools and which better fitted for the small schools.

3 B.D
B.H

4. It is difficult for the advisors to understand the demands which must be met by nursing students of today. The class-room demands of the first four months is great. The content of what might be called the social sciences in the schools of nursing has increased: history of nursing, ethics, sociology, psychology, social problems in nursing service. Nursing treatments have become more complicated: oxygen therapy, fluid balance, chemo-therapy. (Suctions, Wagensteens, closed and open drainage, Miller-Abbott tubes, oxygen tents, respirators.) Years ago we were criticized for teaching the elements of chemistry. Now we must teach the elements of physics--otherwise the wrong pressure may be applied or the wrong valve opened with disastrous consequences. It is necessary that students, whether they go to large schools or small schools, have certain:

5. Personal Qualifications: Considerable maturity--social judgment, ability to take responsibility, interest in people, ability to see the difference between immediate gains and ultimate gains, to meet the social restrictions due to the divided day, the time limits on weekends, holidays, and vacations. Students must be prepared for a higher level of instruction than maintains in the majority of high schools. They must learn to use a library. Memory plays a less important part. These students will meet the same difficulty as the high school graduates meet when they enter college. The day has gone by when all students who are not "college material" are qualified to enter all good schools of nursing. Certain young women may be quite successful if they enter schools which are less demanding, where there is less research and less complicated medical care.

Give chemistry - physiology - less - better - fewer hours - study finger model Effort to meet the

6. There is a wide range of schools from which to choose. You, as vocational advisors, should have an opinion as to the kind of school for which the student is best fitted.

Types of Schools

1. The good small school. Often less varied clinical experience. Fewer well-prepared instructors, but all schools have one well-prepared instructor and many of them two. There is often time for individual contacts and instruction and often time for good nursing care. Many of these schools give a good basic preparation upon which further instruction, either clinical or academic, may be built.

2. The large hospital schools. Varied experience, outstanding medical specialists, research, well-prepared teachers, sciences, nursing, and clinical specialties. Teachers with masters' and bachelors' degrees. Good reference libraries, and well-equipped laboratories. (There is stimulation of competition.) These are schools to which employers turn for candidates.

3. The five-year program, diploma and a degree. About 60 in the country. State Universities, Simmons College, Presbyterian-Columbia. *New York - Cornell*

4. One year at college and then school of nursing, (and 1½ yrs. of college credit toward degree.)

5. Two years of college. Three years in training, in some schools a degree, in some, another year at college. Relationship between Simmons and three local hospitals.

6. Full college preparation. Yale, Western Reserve, Master's in Nursing. At Yale also a plan for Master's in Science.

Note: Great many graduates of hospital schools of nursing go on for further preparation. Three Ph.D's.

Opportunities for Graduates

Is challenging to the person with scholastic ability, resourcefulness, and initiative. No vocation (merging into a semi-profession) offers more opportunity to the well-prepared candidate. With the possible exception of specialling in a hospital, the financial return compares favorably with that in other vocations and professions. (1936 statistics compiled by National Federation of Business and Professional Women's Clubs gave median salaries of nurses, \$1640, librarians, \$1485, Teachers, \$1375, other professional workers, 1410, office managers, \$1470, secretaries and stenographers, \$1270.)

Hear: That no opportunity for initiative because under direction of doctor.

Nurses are under medical orders but not immediate direction of the physician.

Doctors present but a few minutes. Many of today's nursing treatments he could not satisfactorily perform. Night situation here--E.W., 947 patients, administration, medical care. Many hospitals have no internes.

Question asked as to whether or not there will be an oversupply of nurses at present rate of recruiting. Answer depends on the economic situation of the world. There is much work to be done in the field of preventive care. The great need of pre-natal field, infant welfare field, psychiatry, orthopedics. Physical examinations of the men who have been drafted in this war show that there is much yet to be done.

Fields of Nursing

Administration, hospital schools, college universities, directors of nursing departments in educational institutions, full professorship. Teaching on high school level, college level, and graduate level. Supervision of groups of wards, operating rooms.

Public Health: Administration, educational director, supervisory staff.

Government Nursing Service

Private duty, hospital, homes

Specialties: anesthesia, intravenous, insulin, research.

Association with Other Groups

Leaders in medicine, social service, occupational therapy, nutrition, general education.

Not only with leaders but with the group workers.

With patients themselves: appreciation, satisfaction of recovery.

Again: I am thankful for this opportunity to tell you a part of our story. We have too long kept our light under a bushel. Fortunately, there are a few young women who still have "The call for nursing." We need these young women now. February class. There is satisfying work for them to do.

Schools of Nursing

SCHOOLS OF NURSING:

Nursing is often referred to as a vocation and some times as a profession. Whether it is the one or the other depends ^{al} upon the education/preparation of the worker, the schools which she attends and the level of nursing which she herself practices. The truth of the matter is that nursing is rapidly emerging from a vocation into a profession. This field of work is gaining educationally, socially and professionally; therefore the practice of nursing is gaining social and professional status. Formerly the nurse had precious little of this as those of us ~~who~~ know who have been in the profession for many years. The reason for the former status centered around the fact that almost anybody could enter a school of nursing. That is not true to-day.

ACADEMIC REQUIREMENTS FOR ADMISSION:

In the past it was the opinion of the High School principal and teachers that any student who was not equal to college or general courses could take such courses as would meet the minimum requirements for graduation and she could then enter a school of nursing. This day is over. To-day the better known schools require four years of English, 2 years each of Sciences, History, Languages and 1 year of Mathematics. (Many require 2 years.) They also require their candidates to stand in the upper half of her class. This is a requirement of schools which are registered by the Board of Regents in New York. (Explain.)

Too many applicants come to our schools for nursing stating that their High School officials have told them they meet the requirements. Upon inquiry we find they meet only the minimum requirements of the state, but every year sees a larger number of young women coming to us at the end of their sophomore year to plan the remaining part of their high school course.

18

Considerable maturity, social judgment, ability to take responsibility, interest in people, ability to see the relative importance of responsibilities to be discharged, willingness to meet the time limits and the recreational limits of the School of Nursing.

②

RELATIVE TO ELEMENTARY ASPECTS OF SCHOOL CURRICULUMS:

The content is new and interesting. Is often difficult to master because limited time. Modern methods of instruction. Reference reading. Discussion. Conference. Laboratory excursions. Nursing care. Case study. Panel discussion.

①

FACULTY AND INSTRUCTORS:

Many are graduates of Normal Schools; 7 with Masters Degrees, one lacking only the comprehensive and examination, 8 with Bachelors degrees, School Library with Librarian who is a graduate of Simmons College School of Library Science.

②+

CURRICULUM: *Consider*
(leave space)

It is difficult for the advisors to understand the demands which must be met by the nursing students of to-day. The class room demands of the first four months are great. The content of the Social Sciences as taught in the schools of nursing has increased. History or Nursing, Ethics, Sociology, Psychology, nursing treatments have become more complicated. Oxygen ^{therapy} tents, fluid balance, chemo-therapy (suctions, Wagensteens, closed and open drainage, Miller-Abbott tubes, oxygen tents, ~~respirators~~ See over

respirators).

Years ago we were criticised for teaching the elements of Chemistry. Now we must teach the elements of Physics: otherwise the wrong pressure may be applied or the wrong valve opened with disastrous results.

I think I have pointed out some of the reasons why I believe that nursing is a worth while field of activity for mature, intelligent, well educated young women. It is especially ^{satisfying} ~~worth while~~ for young women who have an interest in people. It may well be of special interest to those who major in Social Sciences and have an interest in guidance, in tests and measurements. But most important of all, nursing is a worth while ^{work} ~~vocation or profession~~ for those who wish to make an *invaluable* ~~important~~ contribution to the welfare of the human race.

And to repeat, nursing is rapidly emerging into a profession, ~~in~~ ^{for} women, a ~~profession~~ the potentialities of which are surpassed by few other professions for women. Nothing can shake my belief in that statement.

And I hope that you, too, will one day share this belief.

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1 School of Nursing

